

**Romania's "Orphans":  
Developmental adjustment of adolescents  
growing up in childcare institutions in Romania**

**Gabriela Monica Misca BA, M.Sc.**

Submitted for the degree of Doctor of Philosophy

University of Newcastle upon Tyne, England

2003

The copyright for this thesis rests with the author. No quotation from the thesis should be published without the author's prior, written consent and information derived from it should be acknowledged.

NEWCASTLE UNIVERSITY LIBRARY

201 29807 0

Thesis L7514

# Contents

Abstract		i
Dedication		ii
Acknowledgements		iii
List of Figures and Maps		v
List of Tables		vii
Chapter 1	Setting the Scene	1
Chapter 2	Behind the ‘Iron Curtain’: Family and Child Protection Policies in Romania before 1989	13
Chapter 3	The Winding Road of Transition: The Recurring Romanian Child-welfare Crisis after 1989	53
Chapter 4	The Developmental Adjustment of Romanian ‘Orphans’ Adopted Internationally	106
Chapter 5	Research Methodology	143
Chapter 6	The Changing Face of ‘Romanian Orphanages’: Young People’s Lives in Two Placement Centres for School-Age Children	171
Chapter 7	Developmental Adjustment of Adolescents Living in Childcare Institutions	229
Chapter 8	Mediating Factors of Institutional Rearing Effects on Teenagers’ Development	279
Chapter 9	Young People’s Views on Family Connectedness	311
Chapter 10	Lessons from the Romanian Experience	350
References		366
Further Reading		404
Appendix A	The Questionnaire Book	
Appendix B	The Placement Centre: Photographs	



## **Abstract**

The fall of Ceaușescu in 1989 drew attention from the Western media to the plight of children raised in Romanian ‘orphanages’. Over a decade later, Romania is still fighting the ‘institutionalised children crisis’, despite receiving Western help to improve its childcare system, and having repeatedly undertaken failed reforms. Since its application for EU membership in 1995, Romania has been asked to address this problem as a matter of priority, owing to concerns about the negative impact of institutional rearing upon child development.

This research addressed these concerns through a study of 100 adolescents (50 boys and 50 girls, aged 12 to 16) growing up in state childcare institutions in Romania. They were compared with 100 teenagers of similar age and gender distribution growing up with both their parents and attending the same schools as the institutionalised teenagers. Developmental outcomes (attachment to adult figures and peers, behavioural and emotional strengths and difficulties, intellectual development, school performance and family connectedness) were assessed using both quantitative and qualitative methods. The outcome variables were further examined in relation to potential mediating factors, such as: age at admission into institutional care and length of institutional placement; family experience prior to admission; and amount of contact with parents/families during institutional placement and the presence/absence of a sibling within same the residential unit. The research examined past and present childcare policies and practices in Romania, exploring the factors leading to high numbers of children being in institutional care, and the quality of childcare.

This research is particularly important because no systematic studies have previously been conducted with children living in state care institutions in Romania. It enables comparison with studies of Romanian ‘orphans’ adopted internationally in the early 1990s, and the findings reflect a configuration of adjustment difficulties which differs from that reported by these studies. Age at admission into institutional care and length of time spent in institutional care were not related to any of the measured outcomes, suggesting that assumptions of ‘institutional deprivation’ should be reconsidered. Moreover, the quality of relationships with caregivers, family members and teachers can act as important mediating factors suggesting that emphasis must now be placed on a multi-disciplinary, problem-solving approach to childcare in Romania.



## **Dedication**

To the memory of my father

**Misca Gavril**

7 April 1938–4 January 2001





## Acknowledgements

This research would not have been possible without the financial support of the following:

*The Newcastle Centre for Family Studies*, which awarded me the Newcastle Centre for Family Studies Studentship (1999–2002);

*The Committee of Vice-Chancellors and Principals of the Universities of the United Kingdom*, who awarded me an Overseas Research Student Award (1999–2002);

*The University of Newcastle upon Tyne*, which awarded me an International Research Scholarship (1999–2002);

*The Open Society Institute, New York*, which awarded me a Global Supplementary Grant (2000–2002).

Equally, this study would not have been possible without the participation of the young people and staff from the two Placement Centres in Romania, who gave their time in completing the questionnaires and in telling their very personal life stories. I am grateful also to the County Directorate for the Protection of the Rights of the Child for allowing me to conduct this study.

My thanks also to the following:

*Professor Janet Walker*, whose guidance and support was present throughout the course of this research. I am honoured to have worked under her supervision.

*Dr Michael Anderson*, who was my co-supervisor during his period of employment at the Newcastle Centre for Family Studies.

*Michael Ayton*, who has helped me to polish my written English during my preparation of the thesis for submission.

*Colleagues* in the University of Newcastle and in the Romanian Academy Institute for Research in Social and Human Sciences, for their interest and support throughout the course of my study.

I am also grateful to my husband, *Richard*, for his love and support, and for believing in me; and to his parents, who, in their way, have ‘adopted’ me into their family.

An intrinsic part of this work is the anonymous contribution made to it by my parents, *Gavril* and *Veronica*, my sister, *Vica*, and my two brothers, *Gavriş* and *Emil*, who have always supported me in my pursuit of my studies and my career, even when this has meant that I have had to live far away from them. I am deeply grateful to all of them for their love and continuous support.

In the middle of this research came the death of *my father*, which brought a painful reality to the concepts of ‘parental loss’ and ‘orphanhood’. There is only one thing I did not have time to thank him for: for waiting for me to arrive from England on the evening of 3 January 2001, when he welcomed me home for the last time. This work is entirely dedicated to him.

## **List of Figures and Maps**

Map 1.1	Romania	5
Map 1.2	Romania and Europe	6
Figure 2.1	Crude birth rates for Romania (1957–76) compared with that for other Eastern European countries	28
Figure 2.2	Number of children in Cradles between 1989 and 1996	38
Figure 2.3	Number of Children’s Homes in existence between 1970 and 1994	41
Figure 2.4	Number of children in residential units, number of assisted children, and total number of children in care between 1970 and 1994	42
Figure 2.5	Average children–caregiver ratios in Children’s Homes by year	43
Figure 3.1	International adoptions from Romania 1990–2000	74
Figure 3.2	Fluctuations in the total number of children in care in Romania, Bulgaria, the Czech Republic, Slovakia and Ukraine between 1990 and 1997	83
Figure 3.3	Number of infants in residential care per hundred thousand of the population aged 0–3 in Romania	86
Figure 3.4	Registered juvenile crime rate and juvenile sentencing rate in Romania 1990–8	88
Figure 3.5	Number of children in residential care, family-type care and foster care between 1996 and 2000	98
Figure 6.1	Map of the internal organisation of the Placement Centres	192
Figure 7.1	Types of chosen attachment figure by group	242
Figure 7.2	Proportion of kin and non-kin chosen attachment figures by group	246

<b>Figure 7.3</b>	<b>Contact with family and the type of chosen attachment figure</b>	<b>247</b>
<b>Figure 7.4</b>	<b>Duration of institutionalisation and type of chosen attachment figure</b>	<b>248</b>
<b>Figure 7.5</b>	<b>High and low secure attachments to adult figures by group</b>	<b>257</b>
<b>Figure 7.6</b>	<b>Gender differences in levels of attachment security</b>	<b>258</b>
<b>Figure 7.7</b>	<b>Levels of attachment security by type of chosen attachment figure</b>	<b>258</b>
<b>Figure 7.8</b>	<b>Levels of attachment security to parents and educators</b>	<b>260</b>
<b>Figure 7.9</b>	<b>Peer attachment security levels by group</b>	<b>265</b>
<b>Figure 7.10</b>	<b>Gender differences in levels of peer attachment security</b>	<b>266</b>
<b>Figure 7.11</b>	<b>Intellectual development of teenagers living in care</b>	<b>275</b>
<b>Figure 7.12</b>	<b>School achievement by group</b>	<b>276</b>
<b>Figure 7.13</b>	<b>Gender differences in school achievement by group</b>	<b>277</b>
<b>Figure 8.1</b>	<b>Quality of family experience by proportion of life spent in care</b>	<b>291</b>
<b>Figure 8.2</b>	<b>Contact with family by proportion of life spent in care</b>	<b>292</b>
<b>Figure 8.3</b>	<b>Pro-social behaviour by proportion of life spent in institutional care</b>	<b>295</b>
<b>Figure 8.4</b>	<b>Informant-reported conduct problems by contact with family</b>	<b>305</b>



## List of Tables

Table 2.1	Number of children in Hospital Homes and average number of deaths per year	47
Table 6.1	Biological family type of children in the two Placement Centres	178
Table 6.2	Residents' present family arrangements	179
Table 6.3	Size of residents' families	180
Table 6.4	Main reasons for children's admission into care	181
Table 6.5	Parental malfunctioning behaviour as a factor precipitating admission	182
Table 6.6	Residents' care history	183
Table 6.7	School performance of the young people in the two Placement Centres	209
Table 6.8	Residents' contact with their families	212
Table 6.9	Arrangements for leaving care	222
Table 7.1	Internal consistency of the Adult Attachment Figure, Parent and Peer Scales	234
Table 7.2	Convergent validity of the Adult Attachment Figure Scale	235
Table 7.3	Cronbach's $\alpha$ coefficients for SDQ sub-scales	235
Table 7.4	Provisional bandings on the Romanian sample for SDQ informant sub-scales	236
Table 7.5	Provisional bandings on the Romanian sample for SDQ self-report sub-scales	236
Table 7.6	Group differences in attachment to adult figures	249
Table 7.7	Gender differences in attachment to adult figures	251

<b>Table 7.8</b>	<b>Group differences in attachment to kin and non-kin attachment figures</b>	<b>253</b>
<b>Table 7.9</b>	<b>Differences in attachments to parents and educators</b>	<b>254</b>
<b>Table 7.10</b>	<b>Multiple regression analyses of the effects of rearing style, gender and type of chosen attachment figure on attachment to adults</b>	<b>255</b>
<b>Table 7.11</b>	<b>Group differences in peer attachment</b>	<b>263</b>
<b>Table 7.12</b>	<b>Gender differences in peer attachment</b>	<b>264</b>
<b>Table 7.13</b>	<b>Group differences in strengths and difficulties (informant and self-report)</b>	<b>268</b>
<b>Table 7.14</b>	<b>Gender differences in strengths and difficulties</b>	<b>269</b>
<b>Table 7.15</b>	<b>Emotional and behavioural problems in the borderline/clinical range</b>	<b>271</b>
<b>Table 8.1</b>	<b>Correlation between length of time in care, age at first admission into care and outcome measures</b>	<b>284</b>
<b>Table 8.2</b>	<b>Potential mediating factors</b>	<b>290</b>
<b>Table 8.3</b>	<b>Attachment by proportion of life spent in institutional care</b>	<b>293</b>
<b>Table 8.4</b>	<b>Behaviour by proportion of life spent in institutional care</b>	<b>294</b>
<b>Table 8.5</b>	<b>Attachment by quality of family experience prior to admission</b>	<b>297</b>
<b>Table 8.6</b>	<b>Behaviour by quality of family experience prior to admission</b>	<b>298</b>
<b>Table 8.7</b>	<b>Attachment by presence of parental malfunctioning behaviour</b>	<b>300</b>
<b>Table 8.8</b>	<b>Behaviour by presence of parental malfunctioning behaviour</b>	<b>301</b>
<b>Table 8.9</b>	<b>Attachment by contact with parents</b>	<b>303</b>

Table 8.10	Behaviour by contact with parents	304
Table 8.11	Attachment by presence of siblings in the same care institution	307
Table 8.12	Behaviour by presence of siblings in the same care institution	308

# Chapter 1

## Setting the Scene

*Romania, a poor country, which we all know  
is rich in orphans and vampires ...*

*(Guardian, 19 April 1999)*

This introductory chapter focuses on the development of the research questions addressed in this work, which concerns the developmental adjustment of adolescents growing up in Romanian state childcare institutions. The development of research questions is not usually a single act or decision, but rather a process that is influenced by the researcher's perspectives and motivations. This process is outlined in three sections. Section one considers how the present research was constructed and outlines the researcher's position in relation to the study of Romanian orphans through a consideration of the perspectives and influences which were brought to the study. Section two sets the cultural backdrop for the study through a brief presentation of the history of Romania. In section three, the thesis is explained in outline, providing a context within which the reader can interpret the research presented.

### **Genesis of the Research: Why Romanian Orphans?**

The topic of this study resulted from the researcher's professional experience of academic research in psychology and the social sciences. For around four years, the researcher carried out research work in various areas of applied psychology (educational, social and clinical) within the Romanian Academy Institute for Research in Social and Human Sciences. Her interest in research on children separated from their parents stemmed from an opportunity she had to work in England in 1998–9 as a Visiting Research Fellow at the University of Leicester, on a Romanian Government Scholarship, on a project addressing socio-genealogical connectedness in children growing up separated from their parents. During this period she also encountered the Western European perspective on Romanian orphans, experiencing how the issue was constructed and perceived outside Romania. Soon after her arrival in England in 1998, a flier was dropped through her door which read as follows, in large, bold letters:



## ROMANIAN ORPHANS APPEAL

### URGENTLY NEEDED

The Orphanages in Romania are still in desperate need of medical and financial assistance. Please try to donate something [...]

The initial reaction of the researcher, as a Romanian, to this was one of disbelief: although the 'Romanian orphans' had made news headlines abroad in the early 1990s following the fall of Ceaușescu, surely, she thought, the issue had been laid to rest by 1998, since following massive aid campaigns both from abroad and from within Romania the 'Romanian orphans' were not 'still in desperate need'. The issue, however, had clearly not been laid to rest in the West.

An up-to-date database literature search reveals an impressive number of hits for keywords such as 'Romania' and 'child'. The majority of academic publications concern the growth and development of Romanian orphans after they were adopted abroad in the early 1990s, signalling areas of deficit, which are attributed to their previous experience of living in Romanian childcare institutions. Extensive longitudinal studies have been conducted in countries where Romanian children were adopted, using the opportunity for what has been described as a 'natural experiment' to explore questions concerning child development (Groza *et al.* 1998, 1999; Johnson *et al.*, 1992; Morrison *et al.*, 1995; O'Connor *et al.*, 1999, 2000a, b; Rutter *et al.*, 1998, 2000, 2001). Their findings could be best described as a mixture of optimism and concern: some children seem to have recovered from their early experiences of deprivation, while some seem to remain profoundly affected. However, the fact that none of these studies included any children who remained in Romania and who were not adopted as comparisons renders some of their conclusions questionable and incomplete. Moreover, the lack of information about these children's experiences and backgrounds – which were invariably covered by labels such as 'profound global privation' or 'early severe deprivation' – adds to the controversy surrounding the findings. Very few studies were reported as having independently assessed children actually living in institutions in Romania (Kaler and Freeman, 1994), and these results were invariably pessimistic: institutional care is damaging for child development. In some of these reports, attempts were made to understand how and why these children ended up in institutional care, but the explanations were limited by a lack of knowledge about the practice of institutional childcare in Romania. This context could

undoubtedly shed more light on the background of these children and the types of experience they had before arriving in their foreign adoptive homes. Moreover, how and why these children found themselves living in foreign families is also of considerable relevance.

The experience of academic exchange in England motivated the researcher to pursue a Ph.D. qualification within a British university. It seemed at the time that, in a country with such a strong tradition in child development studies, an interest in the development of children growing up separated from their parents would provide a relevant topic. Moreover, the researcher's being Romanian would facilitate her access to the still ongoing 'natural experiment' of Romanian children living in institutions. A research proposal, which addressed the question of socio-genealogical connectedness in teenagers growing up in institutions in Romania, was accepted by the Newcastle Centre for Family Studies, which also awarded a Ph.D. studentship to fund the study.

The initial project went through successive metamorphoses, being shaped by the process of ongoing literature review and by the area of social policy enquiry. Throughout the reframing process, the core study focused on the assessment of the developmental adjustment of adolescents experiencing institutional rearing in Romania. The study reported on in this thesis involved an exploratory research design, by which the developmental adjustment of a sample of 100 teenagers (50 boys and 50 girls, aged 12 to 16) growing up in state childcare institutions in Romania was compared with that of a further sample of 100 children of similar age and gender distribution who were growing up with both their parents, and were attending the same schools as the teenagers living in institutions. Developmental outcomes (attachment to adult figures and peers, behavioural and emotional strengths and difficulties, level of intellectual development and school performance, and family connectedness) were assessed via both quantitative (normative tests and questionnaires) and qualitative (interview) methods. The outcome variables have been further examined in relation to potential mediating variables, such as: type of family experience prior to admission and the presence or absence of parental mental disorder and criminality; age at first admission into institutional care and duration of institutional placement; amount of contact with parents/families and the presence or absence of a sibling within the same residential unit.



The present research sought to place this psychological study within the Romanian social context. Several questions needed to be explored before considering whether institutional childcare is in 'the best interests of the child'. Why were there, and why are there still, so many children in institutional care in Romania? What circumstances affecting them and their families render institutionalisation the only alternative? What kind of institutions do they live in and what kind of care do they receive there? Why was Romania singled out in the early 1990s as the 'country of orphans'? Was the Romanian experience unique in relation to other countries in similar circumstances? How did Romania acquire its bad reputation as a country selling its children abroad? Why, after more than a decade, is Romania still fighting the 'institutionalised children' crisis? These questions were addressed during the research.

## **Romania: A brief historical profile**

Before the reader commences the epistemological journey of the present research, some understanding of the history of Romania is vital in order to follow the arguments presented. As a Romanian, the researcher can testify to the often-confused expressions which result when her origins are mentioned. Can a country associated with the sounds of Transylvania, Dracula or Ceauşescu be real?

Romania is situated in the south-eastern part of Central Europe, in the northern part of the Balkan Peninsula. It is a medium-sized country in terms of both its area (238,391 sq. km) and its population (approximately 22 million inhabitants), and its territory is marked by the Carpathian Mountains arch which dominates the landscape centrally, the Danube River in the south and its delta, and the western shores of the Black Sea. Romania shares common borders with the following states: Ukraine and the Republic of Moldova to the north and east, Hungary to the west, Serbia to the south-west and Bulgaria to the south (Map 1.1).





Map 1.1 Romania

Romania lies, therefore, at the crossroads of major European routes, and is defined as a land of high European transit (Map 1.2). Romania's geographical situation has had a major impact on its history, with migratory peoples continually crossing its territory, and in more recent times the country has been the point where the interests of big neighbouring empires (e.g. the Ottoman Empire, the Austro-Hungarian Empire, Russia) collided.

Even though there is proof that Romanian territory has been inhabited since time immemorial (Calafeteanu, 1998), the birth of the Romanian people is linked to the expansion of the Roman Empire during the first century BC. The Romanian territory, inhabited then by Geto-Dacians, was conquered under Emperor Trajan and turned into the Roman province called Dacia. Trajan's Column in Rome – the birth certificate of the Romanian people – tells the story of this military effort and of the following systematic and massive colonisation of the new territory integrated into the Empire. The Dacians remained the main ethnic element in Dacia even after the new rule was



established, but the province was subject to a complex Romanisation process, its basic element being the definitive adoption of the Latin language. The Romanian language is one of the major heirs of the Latin language, together with French, Italian, and Spanish, and Romania is considered to be an ‘oasis of Latinity’ in the eastern part of Europe. In fact the Romanians are the only people who, through their very name, *român* (coming from the Latin word ‘Roman’), have preserved to this day in this part of Europe the seal of the ancestors of whom they have always been aware. This is evident even now, in the name of the nation state: *România*.



Map 1.2 Romania and Europe

The ancestors of the Romanians remained for several centuries in the political, religious and cultural sphere of influence of the Roman Empire. After the Empire split (in AD395), they remained in the sphere of the Byzantine Empire – hence the adoption of Orthodox religion, which still continues to be the majority religion. Up



until the tenth century the Romanian people had to face successive waves of migrants – the Huns, the Slavs, the Tartars – who crossed Romanian territory. The migratory tribes controlled this space from the military and the political points of view, delaying the economic and social development of the native people and the formation of local statehood entities. A specific trait of Romania's history from the Middle Ages until modern times is that the population lived in three neighbouring principalities that were autonomous: Wallachia (in the south), Moldavia (in the east) and Transylvania (in the north-west). This phenomenon – which is not unique in mediaeval Europe – has as its underlying cause the existence of powerful neighbouring empires which opposed the unification of the Romanian state and occupied, for shorter or longer periods of time, the Romanian territories. For instance, the Romanians in Transylvania had to face the policy of conquest conducted by the Hungarian tribes that settled in Pannonia. In spite of the fact that the Romanians continued to be for centuries the majority ethnic element, Transylvania was occupied, and made part of the Hungarian kingdom as a self-ruling principality, until the beginning of the twentieth century. On the other hand, beginning in the fourteenth century Wallachia and Moldavia had to face the threat of the Ottoman Empire. Unlike all the other peoples of south-eastern Europe and unlike the Hungarians and the Poles, the Romanians were the only people who, during the Middle Ages, maintained their state entity against Turkish suzerainty by paying tribute to the Sultan as a guarantee of the preservation of domestic autonomy, continuing in this way to foster their Byzantine cultural traditions and their Eastern Orthodox religion. A much-celebrated figure in the Romanians' fight against the Turks is the fifteenth-century prince Vlad the Impaler, King of Wallachia. Because of his rather cruel method of punishment – according to legend, he captured invading Turks and impaled them on stakes in public market-places – he was named by the Turks '*Dracul*' (Romanian for 'devil'). The unfortunate similarity of his nickname with the title of Bram Stoker's novel *Dracula* has associated him with the legendary vampire in spite of the fact that there are no historical links between the two.

The dream of territorial unity and national independence for the three Romanian provinces marked Romanian history until recent times. The dream was first achieved by Michael the Brave, *voivode* of Wallachia, who united, for the first time in history, all the territories inhabited by the Romanians. Even though the union was short-lived,



it became a symbol to posterity. In the late nineteenth century Moldavia and Wallachia were united under the rule of Prince Alexandru Iona Cuza, with Transylvania joining after the end of World War I. The right to self-rule prevailed in the final stage of World War I and this served the cause of the Romanians, who lived in the Tsarist and Austro-Hungarian Empires. The international peace treaties of 1919–20 established the new European states and also recognised the amalgamation of the provinces that were inhabited by the Romanians into one single state. After World War I, under the rule of the Hohenzollern-Sigmaringen kings, the Romanian kingdom underwent a period of rapid economic development within a generally democratic framework. However, the outbreak of World War II posed a new threat of loss of territorial independence, and this strongly influenced Romania's position during the War. Initially declaring itself neutral, by 1940 Romania had lost northern and eastern territories. Wishing to get them back, it joined the War on the side of Germany. However, in 1944, King Michael (a grandson of one of Queen Victoria's daughters) took Romania out of the alliance with Germany, and thus Romania brought her whole economic and military potential into alliance with the United Nations until the end of World War II in Europe. Despite the human and economic efforts Romania had made, the Peace Treaty of Paris (10 February 1947) denied Romania ally status and forced it to make huge war reparation payments. The Treaty gave back north-eastern Transylvania to Romania, but north-eastern Moldavia remained annexed to the USSR. Moreover, Romania was abandoned by the Western powers and left in the Soviet Union's sphere of influence, and so the next stage of its evolution was similar to that of the other satellites of the Soviet Empire. Romania felt betrayed by its traditional allies, especially the British, to whom Romanians felt connected through the Romanian Royal Family. According to Volume 6 of Churchill's memoirs, *The Second World War*, it was Britain, through Churchill, who decided Romania's fate in his meeting with Stalin at the Kremlin on 9 October 1944:

... so I said, 'Let us settle about our affairs in the Balkans. [...] So far as Britain and Russia are concerned, how would it do for you to have ninety percent predominance in Roumania, for us to have ninety percent of the say in Greece, and go fifty-fifty about Yugoslavia?' While this was being translated I wrote out on a half-sheet of paper:



Roumania

Russia.....90%

The others.....10%

Greece

Great Britain (in accord with USA).....90%

Russia.....10%

Yugoslavia.....50–50%

Hungary.....50–50%

Bulgaria

Russia.....75%

The others.....25%

I pushed this across to Stalin, who had by then heard the translation.

There was a slight pause. Then he took his blue pencil and made a large tick upon it, and passed it back to us. It was all settled in no more time than it takes to set down. [...] After this there was a long silence. The pencilled paper lay in the centre of the table. At length I said, 'Might it not be thought rather cynical if it seemed we had disposed of these issues, so fateful to millions of people, in such an offhand manner? Let us burn the paper.' 'No, you keep it', said Stalin. (Churchill, 1954, p. 198)

The Churchill–Stalin meeting went down in history as the 'carving of the Balkan cake' (Simkins, 1998). But the lowering of the Iron Curtain affected not only Romania but also the other neighbouring countries, as Edward Behr points out in his book *Kiss the Hand You Cannot Bite* (1991):

The Stalin–Churchill deal over Romania was, however, only the first of many concessions that would place the captive East Europeans behind an 'Iron Curtain' for nearly half a century. (Behr, 1991, p. 77)

The installation and consolidation of the Communist regime in Romania in the two decades following the end of the World War II was a multi-sided process that attracted the interest of Western scholars and commentators from the beginning (Barnard, 1990; Behr, 1991; Chirot, 1988; Deletant, 1990, 1999; Gilberg, 1990; Nelson, 1988, 1989; Ratiu, 1975; Turnock, 1990). Since the fall of the Communist



regime in 1989, Romanians, too, have been free to investigate its origins and nature and have brought to light invaluable sources (such as the growing body of literature written by political prisoners – Ioanid, 1991). Newly-available materials have revealed an order of things that has been described as 'an exercise in terror' (Deletant, 1999), the 'Romanian gulag' as it emerges from the political-prison literature. However, over and beyond its political and repressive aspects, the impact of the Communist system on the existence of ordinary people has been profound.

Romania, in particular, was subject to one of the harshest regimes of occupation, with the Communist system forced upon an unwilling population: according to the most liberal estimates, the Romanian Communist Party had no more than 1,000 members in 1944 (Zamfir and Zamfir, 1996). The ways in which Communism was imposed in Romania were harsher and more extensive than in other countries within the region: King Michael I was forced to abdicate and, on the same day (30 December 1947), the People's Republic was proclaimed, the whole Government was forcibly taken over by the Communists, political parties were banned and the Romanian political class was destroyed by physical and ideological means, including imprisonment or internment in labour camps, forced exile or discrediting by means of brutal propaganda and social marginalisation (Ioanid, 1991). The single-party dictatorship was established under Gheorghe Gheorghiu-Dej, the Romanian Communist leader in the post-war period, on the basis of an omnipotent and omnipresent repressive surveillance force (Deletant, 1999). Industrial enterprises, the banks and transportation were nationalised in 1948, agriculture was forcibly collectivised (1949–62), and the whole economy was developed according to 'five-year plans', the main goal being a Stalinist-type industrialisation.

On the death of Gheorghe Gheorghiu-Dej in 1965, the Communist Party leadership, which was later identified with that of the state as well, was monopolised by Nicolae Ceauşescu. Although originally regarded by the West as a 'maverick Communist' owing to his opposition to the 1968 Soviet invasion of Czechoslovakia, it soon became apparent that he was one of the most brutal leaders, through his attempts to dominate the Romanian people. Probably, Romania under Ceauşescu will go down in the history books as a 'failed social experiment'. However, to the Romanian people his policies were very real – the Romanian orphans are one of their consequences. His legacy has undoubtedly affected several generations right up to the present.



## Thesis Outline

The research is structured, in the remaining nine chapters, as described below.

*Chapter 2* provides a wider context relating to institutional childcare policies and practices in Romania by reviewing the policies of family and child protection before 1989, exploring the factors that led to large numbers of children being confined to institutional care, and describing and analysing the childcare system. This historical background is essential for an understanding of the social and ideological roots of the phenomenon of large-scale child institutionalisation in Romania (as well as in other former Communist countries of Eastern Europe), as well as for an understanding of the evolution of childcare policies and practices during the last decade.

*Chapter 3* examines the factors that have shaped the evolution of childcare policies and practices in Romania during the period of transition (after the 1989 Revolution) up until the present. It explores the role of Western media in bringing to international attention the 'Romanian orphans crisis' as well as in promoting aid campaigns and inter-country adoptions from Romania. It also examines how the highly sensitive political dimension of the issue of Romanian children in institutions has served both to help and to hinder major reform of the child welfare system up to the present.

*Chapter 4* looks at research into outcomes of inter-country adoptions from Romania and examines how these studies have contributed to existing knowledge about the development of children who experienced institutional upbringing. The review integrates the studies of Romanian orphans into previous research on the impact of institutional upbringing on child development, as well as into other inter-country adoption studies.

*Chapter 5* describes the research aims and the methodology employed to address the present research questions. It highlights the processes used for selecting the research subjects and for data collection, as well as the selection of research instruments and data sources.

*Chapter 6* presents the findings of an analysis of the quality of care provided by two Placement Centres for School-age Children. These findings reflect the researcher's observation of young people's lives in two childcare institutions, as well as information provided by written data sources. Most importantly, it includes the



opinions of managers, staff and young people resident in the Placement Centres about residential care. Every effort has been made to protect the anonymity of all the participants in the study.

*Chapter 7* presents the findings of the study comparing one hundred Romanian teenagers who had lived for several years in residential childcare institutions with one hundred teenagers who have always lived with both their parents. The effect of type of rearing (in-institution *vis-à-vis* with a parental family) on the teenagers' developmental adjustment was explored in respect of a number of outcome variables: the teenagers' attachment to adults and peers, their emotional and behavioural strengths and difficulties, their intellectual development, and their school performance. The results of the present study are discussed in the context of relevant previous findings.

*Chapter 8* addresses the key question of whether the developmental outcomes associated with institutional rearing are a function of the teenagers' backgrounds or experiences before admission into care or, rather, a result of rearing patterns and experiences while in care. In this chapter, the variations in the teenagers' attachment, behaviour, cognitive development and school performance within the institutional care group are considered in relation to a series of variables that reflect different types of possible mediating, risk and protective factors. These variables are related to the teenagers' experiences before and after admission into residential care, experiences which, in previous studies, have been proven to mediate the institutional rearing effect on development. Discussion of the findings is presented in the light of previous research.

*Chapter 9* investigates the young people's views of family connectedness in terms of perceived closeness to family members in different circumstances and in terms of different family structures, and highlights the implication of the findings in terms of the maintenance of contact with family members during institutional placement.

*Chapter 10* brings together the research findings in the light of their potential contribution to our knowledge about the development of teenagers growing up in institutional care, as well as their implications for childcare policy and practice. Implications for further study are highlighted.



## **Chapter 2**

### **Behind the 'Iron Curtain': Family and Child Protection Policies in Romania before 1989**

This chapter reviews family and child protection policies in Romania before 1989, exploring the factors that led to a large number of children being confined in institutional care and describing the main characteristics of Romanian childcare institutions and the care they provided before 1989. The policy review is supplemented by statistical data from the Romanian Statistical Yearbook (Comisia Nationala pentru Statistica, 1999), as well as from studies conducted in Romania. Because the data available regarding childcare institutions before 1989 are very scarce, information was collected also from retrospective studies conducted by international childcare organisations which have assessed the childcare situation in Romania after 1990.

#### **Children in the Romanian Cultural Tradition**

Up until World War II, Romania was a traditional rural society: in 1938 the agricultural sector employed 80 per cent of the working population. While the Romanian inter-war élites were predominantly educated within the French high cultural tradition, a large majority of the population lived in villages, often in deep poverty, and a relatively small proportion of the total population lived in towns. Traditionally, the child's future was a big responsibility for the parents: the prevalent attitude was that parents should offer better life opportunities for their children. In the countryside this meant inheriting and learning how to work the land; in towns it meant learning a craft.

The traditional Romanian culture and civilisation are inseparably linked to the rural universe (Stahl, 1980). Romanian villages have various characteristics which depend on local geography: villages on the plains are tightly clustered in order to save land for farming; the mountain villages are scattered, while the villages in the hills stretch along valleys, with the cultivated land lying behind the courtyards. The rural architecture – courtyards, gardens, lanes, neighbourhoods – is in harmony with the natural landscape and integrates with the spiritual tradition as well. The villagers –



peasants (*țărani*) – used to be deeply attached to their villages and any departure was experienced as an alienation, an emotional trauma. The neighbourhood was perceived as an extension of one's living space, having both functional and moral value. The geography of the Romanian countryside was drawn on in a philosophical attempt to explain the Romanian spirit: Lucian Blaga, the Transylvanian poet and philosopher, saw the Romanian landscape, which he called '*mioritic space*',<sup>1</sup> as the matrix of Romanian culture (Collins, 1998). Traditionally, the Romanian family had extended family ties, made up of several generations of relatives, characterised by a large number of persons in the household. Moreover, newly-weds usually decided to live with their relatives (Zamfir, 1996c). In its extended form, the traditional family is of key importance for the care of a child who lives in an adequate caring and affective environment provided by parents or relatives or both. The solidarity that characterised the traditional family used to provide protection to children, the elderly or the sick, ensuring adequate provisions for the economically inactive family members and helping them to feel less vulnerable. In the traditional family there is a defined role distribution for each member: the decision-making responsibilities in the family's organisation and structure were held by the man; the woman's role was that of ensuring continuity through reproduction, bringing up and educating the children, and housekeeping. The traditional family also offered cohesion and stability to the community. The family developed very close relations with neighbours, offering support and co-operation. In the traditional family, children had direct relations not only with their parents but also with their relatives, neighbours and friends, and these ensured their personal as well as their social development. Since early childhood, the child was able to undertake responsibilities within the household, becoming active in the support of the family.

The way in which traditional Romanian society confronted the problem of motherless and fatherless children has been no different from in other cultures. Romanian folk literature shows that an orphan was likely to have a difficult childhood. The adjective 'poor' almost automatically preceded the word 'orphan' (*săracul orfan*), suggesting

---

<sup>1</sup> In the Romanian folk poem 'Miorița', a shepherd boy is warned by his beloved ewe, Miorița, that his fellow shepherds plan to murder him and take his flock. Instead of resisting, he accepts his fate, asking only that Miorița go in search of his mother and tell her the story not of how he was betrayed, but of how he was married to the daughter of a powerful king. Thereafter, wherever the ewe wanders, she tells the story, a beautiful fiction of a transcendent wedding. The myth has been used by several authors to define the Romanian character, including by Lucian Blaga with his concept of '*mioritic space*' (Collins, 1998).



the compassionate way in which these children were regarded. Half-orphans were not necessarily better off, since they often fell under the power of a stereotypical cruel stepmother (*mamă vitregă*). Loyalty in the traditional family encouraged people to take responsibility for raising orphaned children of close relatives, this being especially true for grandparents who would protect their own blood-lines. Many childless couples became foster parents to their orphaned nieces and nephews out of family love and duty. This kin loyalty forced many families to become 'foster parents' to orphaned relatives even when they could not afford it (Manoiu and Epureanu, 1996).

Another common practice among poor rural Romanian families who had many children was that of sending some of their children into the service of richer and, often, childless couples (Manoiu and Epureanu, 1996). Through this strategy, the parents were relieved of the expense of housing, feeding and clothing the absent child, and they might even receive a portion of the child's salary. Even though the practice was common among poor two-parent families with numerous children, widowed parents, who tended to be more financially disadvantaged, were highly likely to push their children into domestic service. Thus, not only orphans, but a large proportion of all children spent a proportion of their lives away from their biological parents, working or being trained in other households, under the authority of non-biological 'parents'. Whether orphans or not, these young servants became highly mobile, usually finding employment outside their natal village, thus scattering children far from their homes.

Owing to its turbulent history, Romania was devastated by many wars in its quest for autonomy and independence, as well as by constant poverty. At times, the number of orphaned children was greater than local communities could manage. Beginning in the nineteenth century, Romanian society reacted to the unhappy plight of orphaned and abandoned babies by creating special charitable institutions to care for them, which were funded by charitable and religious organisations as well as being subsidised by the state.

### **The Role of the Orthodox Church in Child Welfare Provisions**

Historically, social work activities in Romania had a strong religious foundation, these activities being developed for centuries around monasteries, as in other



countries. From the thirteenth century, asylums for the poor, the handicapped and old people functioned around churches and monasteries. In Romania, the development of these establishments was fostered by Christian-Orthodox beliefs and values, which encouraged people to regard poverty as a 'virtue'. This was in sharp contrast to the attitude in some other countries: for example, in Victorian England poverty was seen as 'shameful' and as resulting from 'laziness and vice' (Barnardo's, 2002). Gradually, social work activities became of interest to the state: in the nineteenth century specialist institutions, such as asylums and orphanages, began to function with charitable funds, and were subsidised and supervised by the state.

Protection activities for children and mothers in Romania also began under religious auspices. Child protection was seen as a special issue from the seventeenth century, when hospices and asylums for orphans began to function within monasteries, where abandoned, found and orphaned children were cared for and educated by priests, nuns and monks (Manoiu and Epureanu, 1996). At the beginning of the nineteenth century, social protection establishments were regulated in Wallachia (the Southern Romanian Province) through the 1831 Constitution; among them were such establishments as the 'Institute for Poor Children', run by the Orthodox Church (Macavei, 1989). In Transylvania, which at that time was part of the Austro-Hungarian Empire, child protection activities were more strictly organised by the state through the Austrian Civil Law, introduced in 1853 (Macavei, 1989). Here, the asylums for children operated both a 'closed system' (internment of children in institutions) and an 'open system' (the placing of children in families).

### **State and Private Child Welfare Provisions During the Inter-war Period**

Although state support for families has a relatively long history, it is only from the 1930s that governments in European countries formally institutionalised public support for families in a series of new, more comprehensive programmes (Gauthier, 1999). After the first two decades of the twentieth century, the unification of Romanian provinces into a single state allowed for central administrative activities, including these of social work. The first Romanian laws regarding social work activities were documented in 1923, and for 20 years (1923–43) these activities were regulated by the 'Ministry of Public Health, Work and Social Protection' (Manoiu and Epureanu, 1996). This Ministry included a Department of Social Protection, with



three services, responsible for family protection, mother and child protection and social assistance. These services were represented in each county by the 'County's Health and Protection Services', overseeing the activities of local centres for child protection, children's homes, day-centres, educational centres, old people's homes, and so on.

Between the first and second World Wars, social problems increased in Romania and the 1936 (first) census counted 521 social work establishments/social protection units (50 being state-run and 471 private organisations), the great majority offering assistance to children (248), young people (57) and families (341). Among the associations' objectives (Manoiu and Epureanu, 1996) were:

- to protect mothers and the new-born
- to protect young children and young people
- to assist families in difficulties
- to assist abandoned children and physically handicapped people

Among the types of establishment for children and young people between 1935 and 1944 in Romania were the following:

- day centres – functioning as age-separated units (i.e. for children under 3, for children aged 3–7 and for children aged 7–14), and aimed at caring for children during their parents' working hours (and thus offering the opportunity for the mother to work) as well as providing educational support
- holiday camps for poor children – offering poor children aged 3 to 14 the opportunity to spend holidays in the mountains or at the seaside
- prophylactic sanatoriums for ill children, especially for those suffering from tuberculosis
- orphanages and family placements – for orphaned and abandoned children
- centres for 'problem children' and delinquents

These establishments were functioning under the supervision of the Ministry of Health and Social Protection and were receiving state subsidies of up to 20 per cent of their total budget.



Between the wars, Romania had a great tradition in social work education and in the training of specialist social workers (Macavei, 1989; Zamfir, 1996d). In 1929, university-level social work education was founded within the University of Bucharest, the 'Ileana Princess' School of Social Work (Scoala Superioara de Asistenta Sociala 'Principesa Ileana') having among its mentors the renowned Romanian sociologists Dimitrie Gusti and Henri H. Stahl. The aim of the School was to train and educate social work professionals for practice and to develop academic social research (Zamfir, 1996d).

During the Second World War and afterwards, the number of orphaned or abandoned children increased substantially in Romania, but not as much as in countries such as the former Soviet Union and Yugoslavia, in which long-term fighting had taken place (Zamfir, 1997).

## **Families with Children in Socialist Romania**

While the 1930s marked a turning point in state support for families in Europe, in most Western European countries state support for families was further expanded in the 1950s and 1960s with the post-World War II development of welfare states. These decades were labelled 'the golden age of the welfare state' (Dingwall and Lewis, 1999): an age when rapid public expenditure was made possible by favourable economic, political and social conditions. Gauthier (1999) illustrates some of the rationales on which the expansion of European family welfare policies may have been founded: in France these provisions formed an explicit part of pro-natalist family policies; in Scandinavian countries the arguments were closely related to the promotion of equal opportunities for women to choose participation in the labour market; whereas in Britain the dominant concern was child poverty and much of the post-war welfare system was based on the 'breadwinner' model of family life, according to which women were not expected to work.

In the socialist countries of Eastern and Central European, the main socialist agenda was the maximisation of labour market participation demanded by forced industrialisation, and this led to a particular investment in substitute childcare services, reflecting a high dependency on state services. In Romania, the socialist regime followed a contradictory trajectory regarding child and family policies. In the



beginning, for a short period of approximately two decades, the socialist regime promoted a generous social protection system for children and families with children, but this was followed by a marked decline in the 1970s and 1980s.

The evolution of the family underwent structural changes in Romania during the 1950s when the pattern of economic and professional life changed dramatically, owing to the decline of villages as a result of forceful collectivisation, and the rapid decline of village populations, accompanied by a massive migration from villages to towns, as a result of forced industrialisation (Zamfir, 1996c). The way in which urbanisation was conducted in Romania caused a real 'cultural shock' in the evolution of the family. The modern family breaks with traditional patterns and is characterised by a trend towards fewer members; the movement is towards the nuclear family, possibly including grandparents but no others. Women became as involved as men in professional activities, but retained their housekeeping and child-rearing roles. With these dual responsibilities, women no longer had time to look after children, resorting instead to the use of day care centres or nurseries, or to leaving the children temporarily in their grandparents' care (the so-called 'grandparents' institution', Zamfir, 1996c). Consequently, changes took place not only in the relationship between parents and children, but also in the behaviour of children, many of whom no longer received a coherent education, and lacked the depth and quality of care that can be offered by a stable carer. New principles and values also regulated the relationship between partners: celibacy was more accepted and premarital cohabitation expanded, the marriage rate has fallen and the divorce rate has increased, single-parent families (especially single mothers) are more widespread, and a decline in the birth rate occurred following the introduction of birth control methods. All these changes have led to greater family instability, which has diminished parental authority over children's behaviour. However, in modern societies, many of the family's traditional roles are taken over by specialised institutions: nurseries for children, retirement homes for the elderly, and so on.

### **The Socialist Promises: The 1950s and 1960s**

The first two decades of socialism in Eastern European countries were marked by a strong belief in the value of early education and the increased participation of women



in the labour force, and therefore, extensive networks of childcare services, such as nurseries, kindergartens and after-school facilities were set up (Gauthier, 1999).

In the 1954 Family Law Act, which is still in force, the emerging Romanian socialist state made extensive provisions for families and children, the political ideology considering the nuclear family as the 'building block of society'. The first article of the Family Law Act states:

In the Romanian Popular Republic the state protects marriage and family and promotes the interests of mothers and children.

The family is based on the free consent to marriage between husband and wife.

In marital relationships as well as in exercising parental rights, the man and women have equal rights.

The parental rights are to be exercised only in child's interest. (in Serbanescu, 1963, p. 11)

Aiming as it did at developing a 'new society' and a 'new individual', the socialist regime paid special attention to the welfare of children and of the 'young generation' who were meant to be the bearers of the new society's values, freed from 'bourgeois past experiences' (Zamfir, 1996c). Consequently, substantial resources were allocated to the support and protection of the child and the family, such as:

- massive subvention of goods for children (i.e. clothes, etc.) and relatively high state child allowance (about 10% of the average wage for each children) given to minors under 16 years
- priority housing allocation to families with children
- a comprehensive system of services for children, comprising childcare in nurseries, free and compulsory education, holiday camps, cultural and sport facilities and a comprehensive free medical care system

Childcare in nurseries is provided for children from 2 months to 3 years of age, via either daily or weekly programmes. Nurseries admit children when both parents work outside the home and do not have time to look after and educate them. Childcare in nurseries was an important provision in the context of compulsory work recruitment for women, especially when maternity leave was restricted to a maximum of three



months after the child's birth. The majority of nurseries were located on the premises of the companies where parents were employed. Parents paid part of the cost of caring for a child (especially for food in nurseries with daily and weekly programmes) but families could benefit from deductions of up to 50 per cent of the total cost according to income.

The free education system for children aged 3 years and over was established in Romania in the 1948 education reforms, with a structure which remains practically unchanged to the present day:

- *pre-school education* for children aged 3 to 6 or 7 in *kindergartens*, with a regular (5 hours), long (10 hours) or weekly programme
- *primary education* (Grades 1 to 4) in schools, attended by children aged 6 or 7 to 10 or 11
- *gymnasium education* (Grades 5 to 8) for children aged 11 to 14, which together with primary education forms the compulsory elementary education
- *high-school education* (Grades 8 to 12) available for those admitted through a competitive exam organised by high schools, teaching schools or theological seminars, the education being organised in day or evening classes
- *vocational education*, comprising vocational and apprenticeship school, attended by graduates of the 8th grade who opt for this type of education or those who fail to gain admittance to a high school, having the opportunity after graduation from vocational school to continue their studies in high schools
- *post-secondary education*, which comprises a two-year specialist professional training for high-school graduates
- *colleges and universities*, attended exclusively by graduates of high schools (in possession of a Baccalaureate diploma) admitted through a competitive exam on specialist subjects

Collective upbringing was at the heart of the Romanian education and childcare system, reflecting the Soviet 'social philosophy': the work of Anton Makarenko in the 1920s and 1930s formed the basis for the 'collective upbringing' approach adopted for the next 50 years in nurseries, schools, youth programmes and children's



institutions in the Soviet Union and subsequently in Central and Eastern Europe (Tobis, 2000). This approach emphasises work, collective discipline and group competitiveness, and societal rather than individual responsibility for the care of children and youth. For example, in East Germany before 1989, the day childcare centres, as part of the larger education system, were expected to foster predominantly peer interactions rather than individual child–carer relationships (Ahnert *et al.*, 2000; Ahnert and Lamb, 2000). Exclusive childcare within the family was even denounced as a ‘petit-bourgeois’ aspiration likely to have adverse effects on child development and on the establishment of social relationships, and this attitude has been predominant throughout much of the socialist world.

Moreover, in order to support urban migration and the recruitment of a future labour force, in Romania not only was education free, but also boarding-school facilities were available in most town schools, in order to attract pupils from the villages. These facilities were heavily subsidised by the state, some parents paying up to 50 per cent of the cost while parents working in the co-operative farms were exempted from payment. Consequently, a large number of children as young as ten left their families and villages to live and study in towns. A similar measure was taking place in Russia in the 1950s: to promote industrialisation, boarding schools were used extensively. The Russian government even projected that by the 1980s children in the Soviet Union would be educated in boarding schools (Tobis, 2000).

The substantial social policies for supporting families with children and child rearing, together with the demographic drop in the birth rate which occurred in Romania up to 1966 (facilitated by liberal policies of birth control, including the right to abortion), resulted in a rapid improvement in the welfare of children and of families with children during the first two decades of the socialist regime. However, according to Zamfir (1996c), the special attention paid by the socialist regime to the welfare of children and families was determined by ideological and political factors, such as a forceful stimulation of vertical social mobility aimed at creating a new leading social class with an intellectual profile. The promotion of children from working-class and peasant backgrounds meant that children coming from other backgrounds were discriminated against. Moreover, the policies of attracting women into the labour market and promoting equality between men and women had to be supported by adequate childcare provisions. The proportion of women in employment rose as high



as 62 per cent during the socialist regime in Romania, approximately 10 per cent higher than the average proportion in developed countries (Grunberg, 1996). However, the socialist regime never succeeded in resolving the conflict between mother and worker roles for women, which produced an intensive work overload for women. In Romania the socialist ideology promoted the model of the 'activist woman' which formally recognises the equality between men and women, but in practice women were expected to perform three roles simultaneously, 'mother-wife-worker', leaving no time for the development of individual aspirations. While, in pre-Communist times, women were symbolised by the Romanian peasant woman who was submissive, dedicated to her husband and household, reserved, and brought up in a culture of self-sacrifice to her man and family,<sup>2</sup> the Communist ethos adopted a proletarian model for women, apparently an embodiment of non-sexuality and non-femininity (Roman, 2001).

By creating a wide spectrum of universal, centrally administered and strictly regulated social protection services, aimed at children and also at others in need (such as the elderly and the handicapped), the state constantly encouraged the absolute dependence of the individual upon it (Zamfir, 1996d). In this context, individually-oriented social work practice was gradually eliminated during the socialist regime in Romania. Partly, this was due to the socialist ideology, within which social and individual problems are solved automatically through the administrative mechanisms of the system, which was believed to be perfect and balanced. Moreover, in accordance with the socialist slogan 'welfare for all working-class people', social problems such as poverty were simply not acknowledged. The remaining social work activities were integrated with the passive, bureaucratic mechanisms that did not need specialist social workers. Consequently, social work education was de-graded in 1952 from a university qualification to a post-secondary training, and was removed completely in 1969 (Radu, 1990; Zamfir, 1996d).

---

<sup>2</sup> The prototype of the traditional Romanian woman is metaphorically embodied in Ana, the wife of the master-builder Manole, from the Romanian legend of the Arges Monastery. According to this legend, which also has widespread roots across the Balkans, the monastery was built with the sacrifice of Ana, who was literally built into the monastery's walls, as a unique, mystical means of finishing building the monastery in the face of its continuous collapse.



Apart from the legal provisions to support child rearing within the family, the 1954 Family Law Act provided for children in special circumstances to be raised outside their family, in institutions:

If the physical, moral or intellectual development of the child is endangered in his parental home, the local authority will begin the legal procedure of entrusting the child into the care of a child protection institution or to another person. (Article 104, Family Law Act, 1954, in Serbanescu, 1963)

The situations in which children could be entrusted to institutions or other caregivers by law were when parents divorced and when children were left without parents or without the appropriate conditions to be raised in their family. The network of childcare institutions was legally established through Decree 809 from 4 June 1954 (Serbanescu, 1963).

### **The Dark Face of Communism: 1970s and 1980s**

In most Western European countries, social provision for families and children had been substantially protected throughout the difficult economic conditions experienced during the 1970s (the oil shock) and the political turbulence of the 1980s (Gauthier, 1999). However, it was the socialist countries that were affected more severely by the worldwide economic crisis, and because of the malfunctioning of the socialist economy itself the situation of families and children gradually worsened during the 1970s and 1980s.

At the beginning of the socialist regime in Romania, under the influence of 'revolutionary enthusiasm', active and substantial social policies supported families with children and child rearing. The relatively even distribution of income, which minimised the proportion of the population living in severe poverty, and a steady decline in the birth rate up to 1966, facilitated by liberal policies of birth control, were among the factors that contributed to the welfare of families and children. However, from the 1970s a gradual process of deterioration in child and family welfare took place, reaching its nadir in the late 1980s. The main contributory factors to this phenomenon were the process of forced urbanisation, the socialist regime's reaction to the sharp decrease in the birth rate, and the impact of the crisis in the socialist economy.



### **Forced urbanisation: The 'social orphans'**

The new urban environment created in Romania beginning in the 1950s was characterised by mass dwellings in multi-storey blocks of flats, which dramatically broke up the traditional rural living arrangements. Although superior in terms of comfort, the blocks of flats in the Romanian towns failed to meet a whole range of the population's needs: living space was extremely limited (the typical flat comprises 2 to 4 rooms in total, including a kitchen and bathroom facilities) and overcrowded. There were insufficient spaces between apartments, social, cultural and sports facilities, as well as a lack of playgrounds for children. The building of these blocks of flats seemed to take into account only numerical quotas. They lacked any kind of individuality – urban space being generated by building more of the same kinds of high-rise – and this had many negative consequences for the physical and psychological well-being of the inhabitants. Poor living conditions, together with high levels of environmental pollution in town areas, had a dramatic impact on physical health, especially that of children (DPC and Unicef, 1997; NCCP and Unicef, 1996; Zamfir, 1996c). In essence, the collectivisation of agriculture and forced industrialisation led to the 'ruralisation of the town' rather than the urbanisation of the village, with the 'peasant psychology' continuing to flourish in provincial towns and in the working-class cultures of the cities (David and Baban, 1996).

Socialist modernisation and massive relocation had a strong impact on parent-child relationships; the consequence of overwork on families was often inadequate child-parent interaction. Children's after-school supervision (classes usually ended by 2 p.m.) has not been solved institutionally, and thus was never provided in Romania. School-age children as young as 6 were commonly seen wearing their house-key on a latch around their necks – the 'latch-key' children (Cornia and Sipos, 1991; Unicef 1990). Because both parents were at work when the children returned from school, children waited unsupervised for their parents' return from work, sometimes for the whole afternoon till the evening. An increasing number of children and young people were attending boarding schools, for a variety of reasons such as family difficulties in caring for the child owing to inadequate living conditions or work stresses on parents, difficulties experienced by the child in another school or, contrariwise, the desire of parents and teachers for gifted students to attend specialised schools, located



exclusively in large cities and, therefore, requiring boarding facilities for the student during the school year.

### **Demographic evolution: 'The Children of the 1966 Decree'**

The modernisation of Romanian society and its rapid industrialisation contributed to a sharp decline in the crude birth rate, which reached an extremely low level in 1966 (14.3). The socialist regime overreacted to this trend: Decree No. 770 of 1 October 1966 enforced dramatic restrictions on voluntary abortions, which at that time were the main form of birth control. Without prior warning, the Ceauşescu Government declared that abortions would be limited to: women over 40; those who had already given birth and raised four or more children; those whose lives would be endangered by pregnancy or whose pregnancy was the result of rape or incest; and those who had severe disabilities that would prevent them from caring for the new-born or who suffered from a severe disease that might be transmitted hereditarily and/or cause severe malformations (Johnson *et al.*, 1996). Simultaneously, a number of pro-natalist policies were also implemented by the Government: official importation of contraceptives was ended, the divorce process was lengthened and illegal abortion became a punishable offence for women and the provider(s). The target of this excessive demographic policy, which was and has remained up to the present linked with Ceauşescu, was to stimulate the birth rate in tandem with the economic progress of the population and 'to help realise the national socio-economic plan of development' (Berelson, 1979). It was motivated by economic ambitions (the relative shortage of workers in a context of extensive economic growth) as well as by ideological beliefs (in the process of claiming independence from the USSR, the Romanian nation had to become stronger by increasing its numbers). However, the goals were only partly achieved: the crude birth rate almost doubled in 1967 (27.4) from what it had been in 1966 (14.3). After the number of births reached a sharp peak in 1967 and 1968, the numbers gradually receded following the population's adjustment to the new policy, even though it took 16 years (until 1983) for the crude birth rate to drop to its 1966 level (Mihailescu, 1996). Following the 'after-shock' recovery, in December 1985 Ceauşescu further restricted access to legal abortion. He proclaimed that



the foetus is the socialist property of the whole society. Giving birth is a patriotic duty. Those who refuse to have children are deserters, escaping the law of natural continuity. (Ceașescu, 1986, quoted in David and Baban, 1996, p. 273)

Having four children already was no longer sufficient grounds for requesting an abortion: to qualify, a woman had to be over 45 and have five living children, all under the age of 18. Special taxes of 10 per cent of a person's salary were imposed on unmarried individuals over the age of 25, and if a marriage was childless after 2 years, each partner had to pay higher taxes. Self-induced abortion was punishable by a prison term of from six months to two years, and doctors who performed illegal abortions risked a sentence of up to 12 years and the loss of their right to practise medicine. Employed women between the ages of 16 and 45 were required to undergo regular gynaecological examinations to help detect pregnancies early or self-induced abortions, and the Romanian State Security Police (the *securitatea*) investigated allegations of illegal abortions (David and Baban, 1996). Although the use of contraceptives was not legally prohibited, contraceptive medicine was not available since official imports had virtually ceased and there were no Romanian products. However, even the introduction of these tougher legal penalties for abortion did not stop the decline in the birth rate.

The demographic situation after the World War II under the powerful impact of this unique legislation (Figure 2.1) rendered Romania a 'real laboratory' for population analysts (Berelson, 1979; Macura, 1974; Teitelbaum, 1972). But the pro-natalist policies had a tremendous impact on people's lives, especially on women and children. The catastrophic health consequences of the brutal demographic measures are reflected in two main areas: the dynamics of mother and infant mortality on the one hand, and the rising number of unwanted and abandoned children on the other.



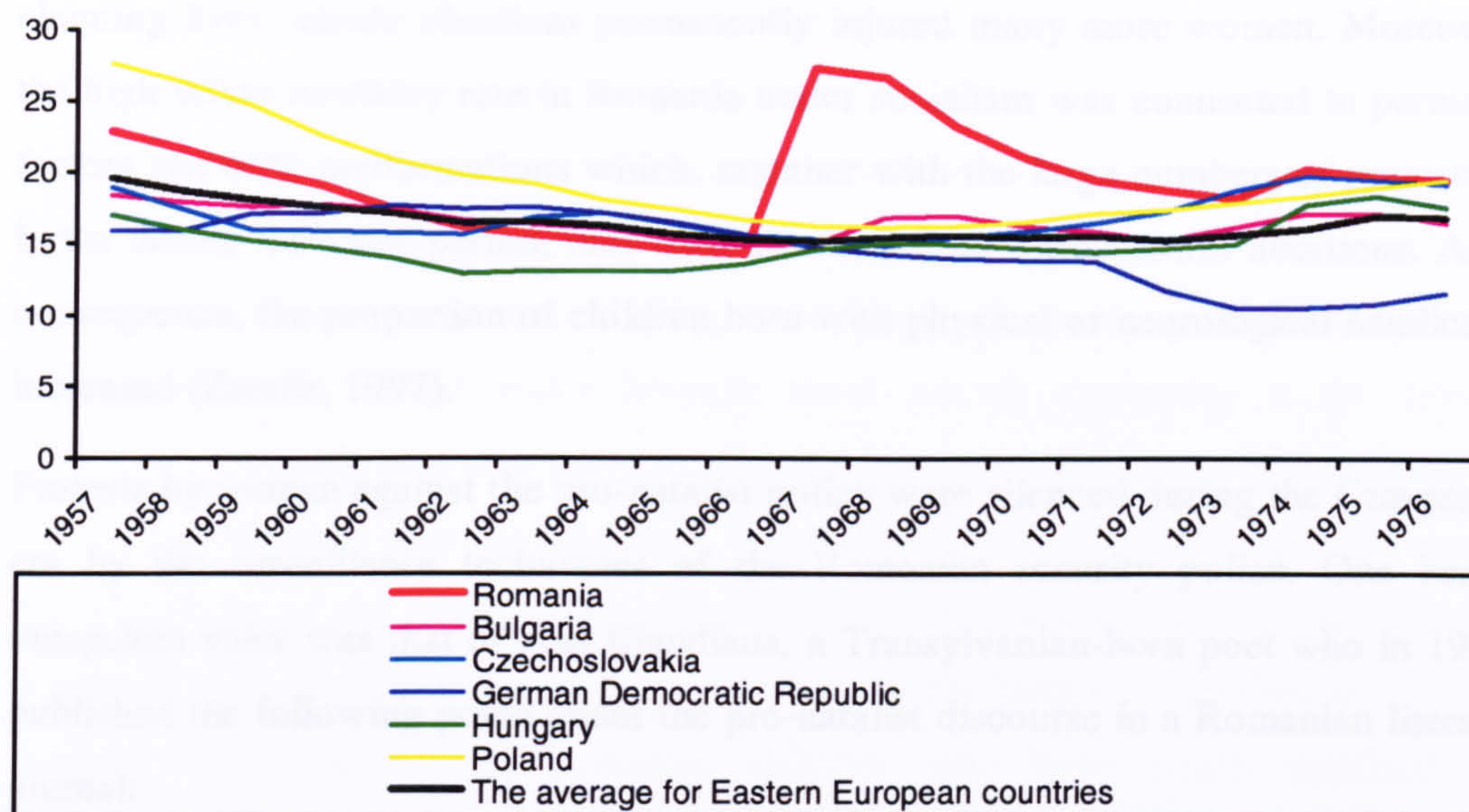


Figure 2.1 Crude birth rates for Romania (1957–76) compared with that for other Eastern European countries<sup>3</sup>

There being little or no contraceptive supplies, the many unwanted pregnancies made women take desperate measures to end them. Retrospective studies (David and Baban, 1996; Johnson *et al.*, 1996) have illustrated the physical and emotional traumas experienced by Romanian women having clandestine abortions, usually performed by untrained staff in unhealthy conditions. The majority of the women in these studies indicated that their motivation for having an abortion at any cost was determined by socio-economic conditions that would not allow them to have additional children and maintain their standard of living, because of a lack of adequate housing and a chronic food shortage. Unmarried women had abortions so as to avoid the social stigma attached to single parenthood. However, the most dramatic consequence of the legislation restricting abortion was that maternal mortality increased dramatically: between 1969 and 1989 there were an average of 341 maternal deaths per year from illegal abortion (Johnson *et al.*, 1996). As the risk of an unwanted pregnancy increases after the first or second birth, numerous children

<sup>3</sup> Data from Berelson, 1979.



became motherless following their mother's having an illegal abortion. Besides claiming lives, unsafe abortions permanently injured many more women. Moreover, the high infant mortality rate in Romania under socialism was connected to perinatal factors and birth malformations which, together with the large numbers of premature births during the same period, may have resulted from unsuccessful abortions. As a consequence, the proportion of children born with physical or neurological handicaps increased (Zamfir, 1997).

Protests by women against the pro-natalist policy were silenced during the Ceaușescu era by the surveillance techniques of the Romanian security police. One brave outspoken voice was that of Ana Blandiana, a Transylvanian-born poet who in 1985 published the following poem about the pro-natalist discourse in a Romanian literary journal:

*The Children's Crusade*

An entire people  
still unborn  
but condemned to be born,  
lined up before being born,  
foetus by foetus,  
an entire people  
that cannot see, or hear, or understand,  
but marches on  
through the aching bodies of women,  
through the blood of their mothers  
who are never asked.<sup>4</sup>

Undoubtedly, the phenomenon of child abandonment in Romania has its root in the pro-natalist policies of the socialist period. The magnitude of the impact of the 1966 anti-abortion decree on the number of children born shows that Romania's population has two generations/cohorts of children (1967 and 1968) that are twice as large as the previous ones (i.e. the generations up to 1966) and that exceed the following

---

<sup>4</sup> *Amfiteatru*, 12, Dec. 1985. Available: [www.poezii.com](http://www.poezii.com). Soon after her courageous gesture, Ana Blandiana was banned from publishing, becoming one of Romania's most famous dissident writers until 1989.



generations (1969 and onwards) by 100,000 children. These generations, referred to as 'the children of the 1966 Decree' (*'Copii Decretului'* or *'decreștii'* in Romanian), inevitably suffered because of insufficient medical and educational resources as the facilities available at the time were not able to accommodate such a sharp and rapid increase in the child population. However, their situation was made even worse by the gradual decline in the standard of living in Romania due to the economic crisis that began in the 1970s and which brought about chronic stagnation in the 1980s. Moreover, the harsh measures taken to raise the birth rate affected the poor section of the population more than the better-off, because the poor lacked the means to avoid the ill effects of the policy. Thus, the effects of the worsening economic crisis, combined with the effects of the forced increase in the birth rate, resulted in a sharp increase in the number of unwanted children, who were mostly confined to institutional care. Moreover, the increase in the number of unwanted children and children born outside the family added to the child abandonment phenomenon.

### **The impact of the socialist economic crisis on families and children in the 1980s**

The unwanted 'children of the law' were not the only ones at high risk of being abandoned. From the early 1970s, a process of decline in the Romanian socialist economy became visible, and the population's living conditions worsened gradually through the late 1970s and 1980s. The drop in living standards mostly affected families who had numerous children.

In the early 1970s, the 'oil shock' which affected the economy worldwide plunged the Romanian economy into a long-term crisis. With the economy already performing at a low level of efficiency because industrialisation was being carried out too quickly, high economic growth was maintained through massive external loans. These brought economic stagnation, followed by a gradual decline in the population's living standards; welfare resources were the first to be cut. The enforced baby boom of 1967–8 was ill-timed, given the declining living standards and the diminishing social support for children and families. The convergence of these factors resulted in a growing number of children having to live in difficult conditions. Without the necessary support, low-income families with many children fell into poverty, unable to offer appropriate living conditions for the development of their children, and



therefore many of these children were committed by their families to institutional childcare.

In the 1980s, while the Romanian economy faced not only productivity losses but also mounting debt, Ceaușescu implemented strict austerity measures to repay the US \$10 billion foreign debt which he saw as a threat to the country's political autonomy. The austerity policy, which began in 1981 and reached inhuman levels by 1989, included the rationing of heat, gas, food and medical care. This dramatically reduced living standards, social welfare and medical care, and increased malnutrition, especially infant mortality and AIDS mortality.

In the 1980s climate of deep and generalised poverty, marked by a scarcity of goods, especially food, the situation for children was catastrophic. The official statistics from that period are deceptive (Gilberg, 1990), but collective memories and testimonies indicate that in the last decade of the socialist regime the population's nutrition was negatively affected by the shortage of food available, owing to a decline in agricultural production and an increase in agricultural exports aimed at repaying foreign debt (in fact, only food that was not good enough to be exported remained for the domestic market). Not only were the main food products such as bread, meat, eggs, flour, cooking oil, milk and dairy products rationed and allocated to each person on a very limited daily or monthly allowance, but they were not guaranteed (Chelcea, 2002). Queues in front of food stores became longer and longer, and after hours of queuing many shoppers had to leave empty-handed, sometimes not even being able to purchase the small allocated quantity of food for the current day or month. The price of food in state-owned shops was comparatively low relative to incomes, but because food was increasingly unavailable the prices paid on the black market for scarce products steadily increased. The food shortage during the last decade of socialism in Romania had a major impact on child development, malnutrition having dramatic immediate and long-term consequences, especially if it occurs during the first years of life. The shortage of basic foods for children (dairy products, fruit, vegetables, meat) and the virtual nonexistence of milk formulas resulted in higher rates of infant mortality, also associated with so-called 'dystrophy' (protein-caloric malnutrition) in over 30 per cent of cases (DPC and Unicef, 1997; NCCP and Unicef, 1996). Dystrophy (an infant health condition strongly associated with poor maternal nutrition during pregnancy, resulting in premature and low-birth-weight babies) was one of the



most important reasons for referring children to hospital. Because of these babies' failure to thrive by the age of three months, they were often diagnosed as 'handicapped' and hospitalised in 'dystrophic sections' of paediatric hospitals, most of them being permanently institutionalised for the rest of their lives.

Several forms of financial assistance, such as child allowance and benefits for mothers with four or more children, were still provided, but they did not make a significant improvement to the welfare of the children and families. In addition, some free general services, such as education and health care, were still available, but these were of poor quality and undergoing further decline.

The period from 1970 to 1980, dominated in Romania by the consolidation and exacerbation of totalitarian political forms, exerted contradictory influences on the education system. Despite rhetoric that glorified the role of education in the development of socialist society and a significant increase in the school-age population, investment in education steadily declined (Vlasceanu, 1996). Moreover, teaching facilities declined in time owing to lack of maintenance. Teaching staff were subject to massive workloads, teaching, on average, six hours per day in classes of around forty pupils, and there was an increasing general shortage of basic school supplies, including paper. The obvious politicisation of the school system required great amounts of time to be spent on subjects such as 'Marxist-Leninism', 'The History of the Romanian Communist Party' and 'The Works of the General Secretary, Nicolae Ceauşescu', all of which were of little interest to students and resulted in much boredom and cynicism (Gilberg, 1990). Moreover, schools were forced into other activities such as 'voluntary' (in fact compulsory) farm work (where pupils and teachers were taken away from teaching to work in the co-operative farms, especially during harvest periods) or 'civic' activities (again, teachers and pupils were required to spend considerable time at political demonstrations, especially during the visits that Ceauşescu regularly made all over the country). Despite the doctrinal pressures on education and scarce resources, school performance levels were high, especially in secondary education. For example, Romanian high-school students achieved remarkable results in international competitions in science subjects (NCCP and Unicef, 1996). This was due mainly to parents' efforts to invest in their children: usually, parents paid private teachers to work with their children at home after school, especially for admission exams such as entrance exams to high schools or



universities. Official claims of 'free education', then, were only partially true (Zamfir, 1996c).

After an initial emphasis on building and strengthening the health sector, by the 1970s Romania was relatively well-equipped in health provision. However, during the 1980s the country took a huge step backwards, consumers of health services experiencing conditions similar to those of wartime (Gilberg, 1990). Hospitals were operating short hours because of a lack of electricity, as well as severe shortages of equipment, medicines, and even bandages. Hygiene was deficient; health staff were underpaid and overworked, and so most health services, although free in law, were delivered on the basis of bribes (consisting of money or hard-to-find products, including food). Again, the poorer sections of the population, including families with several children, were the most affected as they could not afford to pay bribes (Enachescu and Vladescu, 1996).

The quality of housing also suffered profound degradation during the crisis in the socialist economy, and this had a direct impact on the population's health, especially that of children (DPC and Unicef, 1997). Despite previous achievements in terms of housing provision, during the 1980s the poor quality of the housing programme made itself felt: the low-quality constructions began to fall apart all over the country. The cheap materials and workmanship ensured the erection of 'instant slums', which proved to be more hazardous than appropriately designed houses. Furthermore, power cuts were a daily reality, lasting for up to five hours every evening. These, together with similar cuts in central heating during the harsh Romanian winters, constituted real health hazards: most purpose-built flats were mouldy and damp owing to insufficient heating, and this contributed in a major way to respiratory diseases among children.



## **Romanian Society's Response to Child Abandonment**

Under the convergent impact of pro-natalist policies and the baby boom of 1967–8, along with gradually worsening living standards during the 1970s and 1980s, Romania registered a marked increase in the number of abandoned children. The manner in which the formerly socialist society attempted to deal with this problem was characterised by an exclusive preference for protecting these children by confining them to be reared in institutions.

Via the 1954 Family Law Act, the Romanian state provided for orphaned children to be reared in institutions, and the previous child 'orphanages' and 'asylums' were replaced with 'Cradles' and 'Children's Homes'. However, soon after the negative effects of the anti-abortion decree were reflected in an increasing number of abandoned children, in 1970 the state adopted 'Law 3/1970 regarding the Protection of Minor Children' (Macavei, 1989). The law extended the state's protection of orphaned children to 'children who do not have appropriate developmental and educational conditions in their own families'. As a result, among the categories of children protected by the state were:

1. *Children whose situation constitutes a social problem* because their parents were deceased, unknown, 'lacked appropriate material conditions for the development and education of the child', or had lost their parental rights (following criminal convictions, etc.).
2. *Children with physical or mental deficiencies/handicaps* who required special care that would not be provided within their family.
3. *Children whose physical, moral and intellectual development was endangered by their families* (including those from families 'disorganised' by the parents' 'vicious behaviour' such as alcoholism, prostitution or criminality) and children who could not develop appropriately within their families owing to parental illness or handicap.
4. *Children who had committed a criminal offence* punishable under the criminal law but who could not be prosecuted because they were under 14, as well as those who would not be held responsible for their behaviour.



In accordance with the above law, all such children were placed in one of the following forms of substitute care:

- foster care
- family placement
- childcare institutions

As laid out in this law, foster care and family placement conformed to the international concept of foster care, the only difference between them being the absence of the biological family's consent for family placement (Macavei, 1989). Although by law foster care and family placement were regarded as priority alternatives, the child protection system was and remained mainly institution-focused. Adoption and specialised foster care were not widespread in Romania before 1990, and child institutionalisation was by far the most common solution. Several factors may account for this:

1. The difficult living conditions faced by most of the population in terms of housing and, later on, in respect of food and the provision of basic necessities made adoption and family placement undesirable for potential foster families.
2. Small allowances were paid to families who took children into foster care or placement.
3. The tradition that families should help their children to establish their own households, which was seen as a 'general social duty' (Zamfir, 1997), meant that adoption and family placement were perceived as representing a lifetime investment in the child.
4. A strong social stigma was attached to those forced to abandon their children ('irresponsible parents': prostitutes, drunkards, criminals), and it was believed that these characteristics were transmitted to children.
5. Ideologically, socialism had a marked preference for 'state institutions' and a distrust of 'private' forms of life, hence a preference for childcare institutions over family placement (Zamfir, 1997). It is not by chance that institutions for children tended to be large: the pattern of the large enterprise was seen as the universal model for all institutions.



The 1970 law provided different types of institutions to care for the different types of children protected under the law. The network of childcare institutions was designed separately by age and by category of children (i.e. 'normally'-developed children, children with mild handicaps and those having a reasonable expectation that they would recover from their condition, and children considered 'irrecoverable'). The main types of institution were:

1. *Cradles ('Leagane')*, which are 'nursery-type' establishments for children aged 0–3, under the administration of the Ministry of Health. The Cradles cared for children and infants abandoned in maternity hospitals after birth, or children abandoned in paediatric hospitals by their parents as a result of medical conditions that required medical care (such as dystrophy or neuro-psychiatric conditions).
2. *Children's Homes ('Casele de Copii')* functioning separately for pre-school children (aged 3 to 6 or 7) as 'kindergarten-type' units (*'Case de Copii preşcolari'*) and for school-age children (aged 6 or 7 to 18) as gender-separated (male and female) 'boarding-school-type units' (*'Case de Copii Şcolari'*), under the authority of the Ministry of Education.
3. *Institutions for mentally handicapped children*, divided, according to the severity of the handicap, into three types of unit:
  - (i) educational units in schools for those with light handicaps, consisting of *rehabilitation kindergartens and elementary schools ('Gradinite si Scolii Ajutatoare')* run by the Ministry of Education;
  - (ii) care units, named '*school-homes*' (*'Camine-Scoala'*), including elementary educational activities for children with medium and severe mental handicaps, under the administration of the Ministry of Work and Social Protection;
  - (iii) care units, named '*hospital homes*' (*'Camine-Spital'*) for children with profound, severe and/or multiple handicaps, generally considered 'irrecoverable', run by the Ministry of Health.
4. *Rehabilitation centres for juvenile delinquents ('Centre de minori')* under the age of 16, operating as a form of restrictive educational measure (minors over 16 were



imprisoned), and medical-educational units for delinquents with mental health problems, both under the authority of the Ministry of Internal Affairs.

Similar provision for institutional childcare were developed in the Soviet Union (Sloutsky, 1997; Tobis, 2000) and throughout Eastern European countries (Cornia and Sipos, 1991), residential institutions being a central part of social policy provision in the countries of the region, not only for children but also for the elderly, the mentally ill, etc.

### **Institutional care for the infant child (aged 0–3)**

Sixty-five Cradles were registered in Romania in 1989, caring for approximately 10,954 children (Figure 2.2). The number of infants cared for in the Cradles decreased by over a quarter during 1990–1 (from 10,954 in 1989 to 8,286 in 1990 and 7,968 in 1991) as a large number of infants were adopted internationally following the collapse of the socialist regime. However, soon after strict regulations were imposed on international adoptions (including a moratorium in 1991) the number of infants in Cradles increased again (to 9,970 in 1992).

In Cradles, children and infants received medical care almost exclusively, the long period of hospitalisation turning them from ‘social cases’ into medical ones. Usually, they were children of the most vulnerable families with multiple social problems, or of young unmarried or single mothers, the physically or mentally ill, or those living in extremely poor conditions (Unicef, 1991). But because there were no alternatives, medical solutions were sought for such social problems.

In parallel with the Cradles, approximately 48 hospital wards for ‘dystrophic’ children (*‘Sectii de Distrofici’*) functioned around paediatric hospitals caring for about 3,500 infants (Unicef, 1991) suffering from ‘dystrophy’.<sup>5</sup> It was highly likely that infants in these institutions would remain in institutional care, being transferred to age- and capacity-appropriate child institutions after having reached the age of three.

---

<sup>5</sup> Dystrophy, or protein-caloric malnutrition, is diagnosed in Romania by the ponderal index and thus may include marasmus, general under-nutrition, low birth weight, failure to thrive and growth retardation due to chronic disease. Dystrophy can also result from prematurity, low birth, failure to thrive or an underlying health condition, and was the most important medical cause of referral to institutional care (Stephenson *et al.*, 1994).



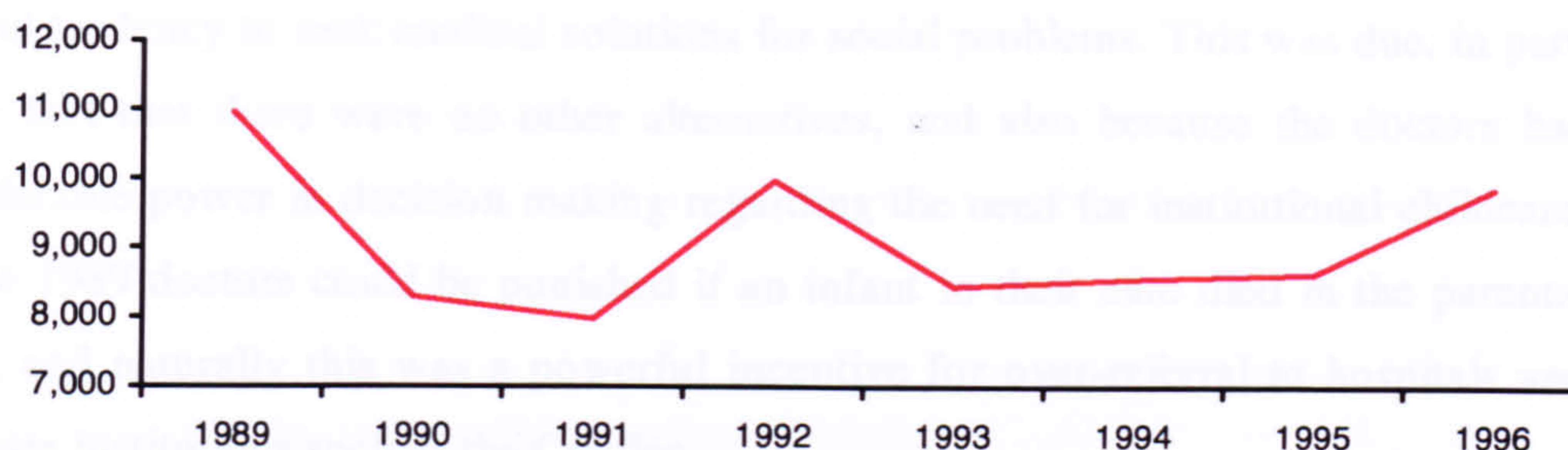


Figure 2.2 Number of children in Cradles between 1989 and 1996<sup>6</sup>

According to a study exploring the causes of institutionalisation of Romanian children in Cradles and Dystrophic Sections (Unicef, 1991), family size appears to be a key factor associated with infant institutionalisation (the average number of children in the families of institutionalised children being much higher than the average for the general population), followed by single parenthood (which brings both economic difficulties and social stigma) and the presence of a handicap or developmental delay in the child (because parents of handicapped children do not have the resources needed to care for such a child). There were four main typical pathways for these children: they were abandoned at birth or soon thereafter; some were born with or developed a physical and sensory handicap, becoming therefore a burden on the family; those suffering from malnutrition were initially hospitalised for acute infectious diseases, after which they were not discharged because the paediatricians appreciated that their parents could not appropriately care for them; and underweight children remained in the new-born units until they were sent to Cradles. Superimposed on the above scenarios was the gradual disintegration of the parent-child relationship that occurred as a result of long-term separation, particularly in the early stages: these children may have had a family, but the family would never reclaim them. According to Unicef (1991), many of the children in Cradles and dystrophic centres had one or more growth or nutritional problems recorded at admission, and only around 20 per cent of Cradles admissions and 5 per cent of

<sup>6</sup> Data from DPC and Unicef, 1997.



dystrophic centre admissions had no reported health problems. However, there was a marked tendency to seek medical solutions for social problems. This was due, in part, to the fact that there were no other alternatives, and also because the doctors had considerable power in decision making regarding the need for institutional childcare. Before 1989 doctors could be punished if an infant in their care died in the parental home, and naturally this was a powerful incentive for over-referral to hospitals and childcare institutions such as the Cradles.

There is virtually no officially recorded information from Romanian authorities before 1989 regarding the quality of childcare provided in the Cradles and the dystrophic centres. But these institutions were criticised by the foreign child protection organisations (such as Unicef and several international child aid organisations) that visited Romania in the early 1990s on account of their predominantly medical focus and custodial-type care with little individualised programming. For example, according to the 1990 *Report of UNICEF Mission to Develop Emergency Assistance Programme for Institutionalised Children in Romania* (Unicef, 1990), even though the institutions for children aged 0–3 were dissimilar as regards quality and facilities, most lacked ‘a satisfying quality in buildings, sanitation, water and power supply, medical and non-medical supplies, quantity and quality of staff’. Moreover, according to the same report:

[The Cradles] are not specifically oriented to stimulation and development of the children. Whereas the stimulation of the children should be the main concern, this is not the case. They are very similar to paediatric wards. The facilities and the qualifications of the staff are not aimed at child development [...] Most of the time the children are left in their cots/beds with no stimulation of any kind [...]. As a result, even ‘normal’ children become severely, socially handicapped by the time they leave the homes at the age of three, and many mentally handicapped children never get the possibility to develop within their capacity. (Unicef, 1990, pp. 17–18)

Regardless of their originally intended role, the Cradles became facilities for the long-term residential care of children with various health conditions but mainly social problems, who were likely to remain in institutional care for most of their lives. In



1991, it was appreciated that only a third of them were likely candidates for adoptive/foster placement or to return to their parents (Unicef, 1991). Between the ages of 3 and 4, the infants living in Cradles and hospital wards are assessed in terms of their development and transferred to kindergarten-type institutions according to their developmental abilities.

### **Institutional care for 'normally' developed children**

Children of pre-school age and of school age who have been deprived of family upbringing are cared for in institutions run by the Ministry of Education, called 'Children's Homes'. Children of pre-school age (3 to 6/7) are cared for in kindergarten-type establishments, 'Children's Homes for Pre-school Children'. Young people over the age of six or seven are placed in male and female boarding schools – 'Children's Homes for School-age Boys/Girls' – where they remain through primary and high school (up to the age of 18). As can be seen in Figure 2.3, which represents the numbers of children's homes in existence between 1970 and 1994, the number of institutions functioning in 1970 (101) increased by almost two-thirds by 1989 (160) and almost doubled by 1994 (194). The increase in the number of childcare institutions (Figure 2.3) reflects the increase in the number of children in care. Children entering Children's Homes for Pre-school Children come from Cradles, but a significant number come directly from their families. In a 1992 study conducted by Protect the Children (Ocroiti Copiii, 1992), over 40 per cent (41.6%) of children aged 7 to 18 were brought in by their parents or grandparents, and an approximately similar proportion (43.2%) were transferred from other childcare institutions.



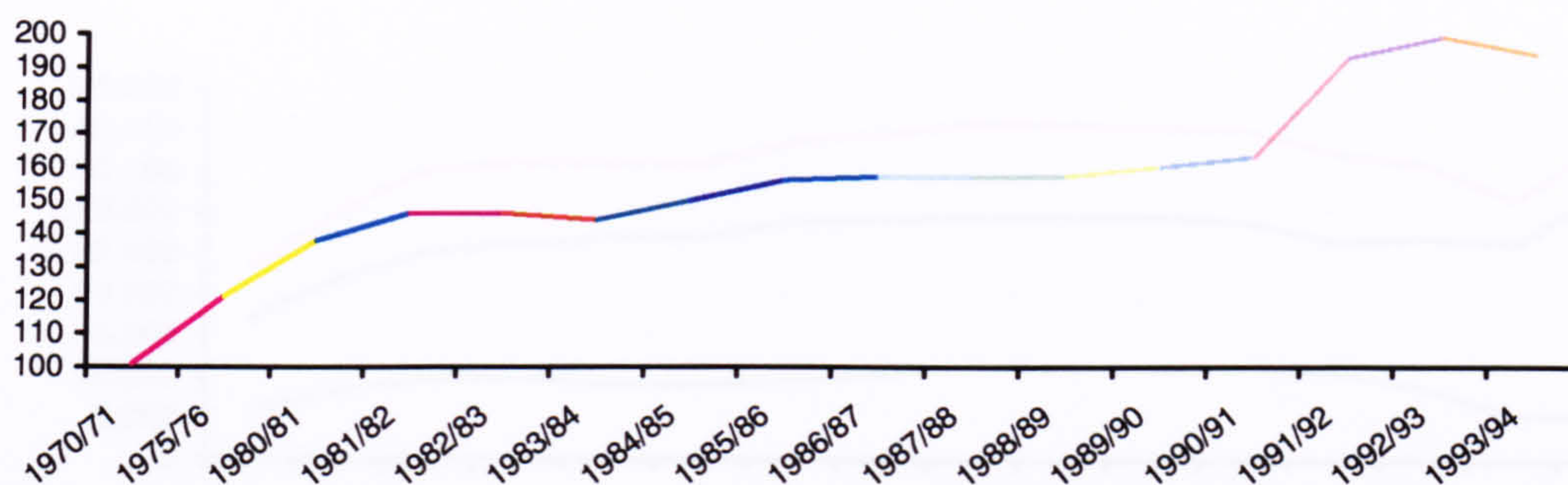


Figure 2.3 Number of Children's Homes in existence between 1970 and 1994<sup>7</sup>

The variation in the number of children in Children's Homes between 1970 and 1994 is represented in Figure 2.4. As this figure shows, there was a steady increase in the number of children cared for in Children's Homes between 1970 (17,183) and 1989 (29,550). As in the case of infants in Cradles, in the early 1990s expansion of the international adoption of Romanian children from institutions led to a slight decrease in the number of children in Children's Homes (reaching approximately 20% by 1992). But the decrease was not so great as in the case of infants, who were preferred for international adoptions. However, beginning in 1994, a significant increase occurred, the number of children in Children's Homes being approximately 10 per cent higher than in 1989 (32,909). This increase was caused mainly by the difficult economic conditions that Romania experienced in the mid-1990s during the period of economic transition, which mainly affected families with children. Apart from children cared for permanently in the residential units, Children's Homes have in their care young people who are 'assisted'. These are usually young people attending high schools or universities and who, according to the law, benefit from state care up to the age of 25 if they are in full-time education.

<sup>7</sup> Data from Zamfir and Zamfir, 1996.



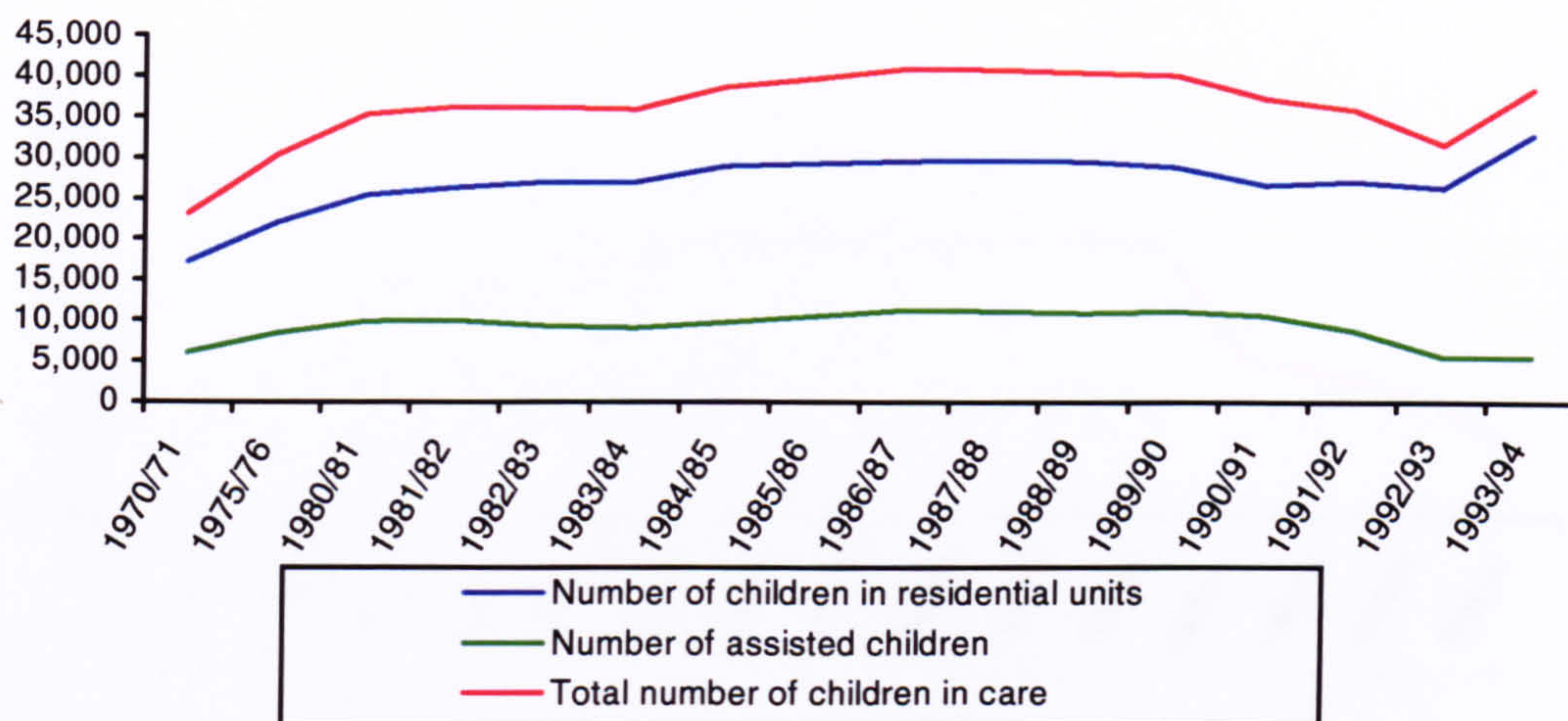


Figure 2.4 Number of children in residential units, number of assisted children, and total number of children in care between 1970 and 1994<sup>8</sup>

In Children's Homes the care of young people is focused on school education, all of the children having to be in full-time education as a precondition for receiving this type of state care. Most children attend community schools, but some have their own school facilities. The educational focus of the schools is mainly reflected in the type of care-staff they employ: the vast majority undergo teacher training and their main care aim is to ensure that the young people attend school and attain satisfactory school performance. Before 1989, Children's Homes were housing large numbers of children (between 100 and 400: Zamfir, 1997) and the number of care staff was small; on average there was one caregiver for a group of approximately twenty children. Figure 2.5 represents the variation in the children-caregiver ratio, which declined slightly from an average of 20 children per caregiver in 1970 to an average of approximately 18 children per caregiver in 1989.

<sup>8</sup> Data from Zamfir and Zamfir, 1996.



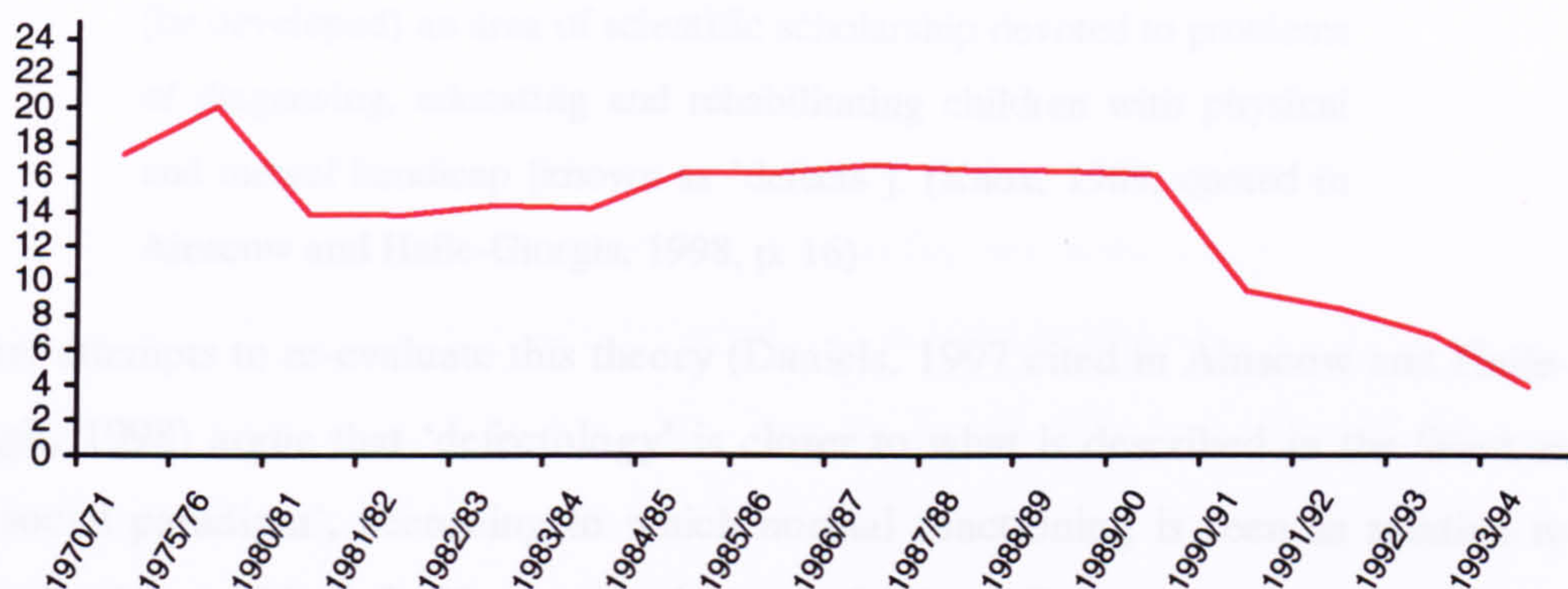


Figure 2.5 Average children-caregiver ratios in Children's Homes by year<sup>9</sup>

Children who have families and maintain contact with them usually spend their school holidays at home, so in this respect the Children's Homes are very similar to boarding schools, except that the children were formally in state care, because their families could not care for them. However, when children are admitted to care units, family relations are not taken into account. For example, siblings are often separated on grounds of age or gender.

### **Institutional care for special-needs/handicapped children**

Before 1989, the dominant approach to the education of children with special needs in Romania, as in most Eastern European countries, was strongly influenced by Soviet educational philosophy (Ainscow and Haile-Giorgis, 1998). In the field of special education, the Soviet impact was felt particularly through the 'Soviet science of defectology'. Defectology is both a theory about and a treatment of disability, and is linked to the early work of Vygotsky, a Russian scholar internationally known for his work in developmental psychology. Vygotsky combined disciplines such as psychology, philosophy, sociology and the political thought of his time in finding

<sup>9</sup> Data from Zamfir and Zamfir, 1996.



ways to assess children with disabilities and to determine progress in their learning processes:

[he developed] an area of scientific scholarship devoted to problems of diagnosing, educating and rehabilitating children with physical and mental handicap [known as 'defects']. (Knox, 1989, quoted in Ainscow and Haile-Giorgis, 1998, p. 16)

Recent attempts to re-evaluate this theory (Daniels, 1997 cited in Ainscow and Haile-Giorgis, 1998) argue that 'defectology' is closer to what is described in the West as the 'social paradigm', according to which normal functioning is seen as relative to cultural values and beliefs. However, within the Soviet-influenced region at that time, 'defectology' had a strong medical orientation that define disability as a diseased state, and was more generally seen as a mean of defining and justifying various forms of separate special educational provision. Thus, in Romania, as well as in other Eastern European countries, the ideas associated with defectology encouraged ways of working which are in fact consistent with the 'medical paradigm', that is,

[...] people are labelled as diseased and separated on the basis of their diagnosis into separate programmes where they are made functional for their place in society as handicapped persons [...] it concentrates on the individual at the expense of context. (Peters, 1993, quoted in Ainscow and Haile-Giorgis, 1998, p. 16)

The influence of the medical model was very strong: for example, in Romania, children's mental disabilities are defined in terms of their IQ scores, and assessment is usually seen as leading to a diagnosis implying that a treatment is necessary. The categorisation often occurred around the age of three (upon entry into the education system at kindergarten level) and generally became a permanent label. This narrow interpretation of a child's educational difficulties led to the development of specific practices and to the existence of a variety of types of institution concerned with the special education of children considered to have special needs.

The provisions that the Romanian state made for children with 'special needs' (physical, sensory or mental deficiencies) consisted of facilitating their access to special education, on the one hand, and offering long-term residential care on the other. According to the 1970 law, children with deficiencies benefit from a special education system, mirroring the organisation of the general education system but



adapting it to their needs. Therefore, children with sensory and motor disabilities benefit, according to their handicap, from special kindergartens, schools, high schools or vocational training schools for children with sight deficiencies, hearing impairments or physical handicaps. Most children attend these schools on a full- or half-board basis in order to facilitate pupils' attendance, because usually there is one special school within the county or region. The difference between these schools and ordinary schools lies in the teaching methods, not in the curriculum.

For children with mental deficiencies, three types of educational and care establishment were provided, in accordance with the severity of the mental handicap:

1. Educational units named 'Special Schools' (*Scoli Ajutatoare*), for children with mild mental deficiencies (organised at both pre-school – kindergarten – and school levels).
2. Mixed care units that include elementary educational activities, named 'School-Homes' (*Camine Scoala*), for children with medium mental handicaps.
3. Long-term care units named 'Hospital Homes' (*Camine Spital*), for children with profound and/or multiple handicaps.

The educational facilities for children with mild mental deficiencies were attended on a daily or half-board basis, whereas the mixed-care facilities and the long-term care units were attended on a full-board basis or on the basis of long-term institutionalisation.

One of the controversies surrounding Law 3/1970 regarding the protection of certain categories of minors is the reference to 'handicapped children who need special care that cannot be provided within the family but in specialised institutions' (Manea, 1996; Zamfir, 1997). The law not only considers that the family cannot care for children with deficiencies, but identifies the care of these children as specialised institutional care. Moreover, the law considers children with severe and/or multiple handicaps to be 'irrecoverable', and for them the only care solution is institutionalisation in a hospital-home. Deficient/handicapped children remaining in the care of their families did not benefit from any support from the state (except the universal child allowance for children under the age of 16). Therefore, the number of special-needs children cared for within the family was very restricted, hence an over-reliance on institutional care for handicapped children. However, according to Zamfir



(1997), only 10 per cent of special-needs children received long-term residential care. Residential care units for handicapped children have been intensively criticised for the fact that the assessment of the handicap is often reduced to a medical diagnosis, and often children with poor school performance are regarded as handicapped (Groza *et al.*, 1999; Roth-Szamoskozi, 1999). Moreover, although regulations providing for the re-evaluation of children exist, they are not observed, and therefore once it has entered the institution the child rarely leaves to be integrated in mainstream schools. But a serious problem in these types of establishment is the coexistence of children with various types and severity of handicaps who cannot be properly looked after because of the diversity of their needs (Roth-Szamoskozi, 1999).

A special and dramatic situation was that of the Hospital Homes for severely handicapped children. In Romania there were 28 such institutions, with an accommodation capacity of approximately 4,000 (Zamfir, 1996c). These establishments provide care to children (aged 3–18) with profound mental handicaps, often associated with motor handicap and/or multiple handicaps, which impose an extreme restriction upon the individual's autonomy. Most of the children committed to this type of institution come from Cradles and were abandoned before they entered the Hospital Homes. Even those coming from families will be abandoned because of their severe condition and the absence of any alternative support for families to care for them. Along with a general decline in living standards, a serious neglect of institutionalised severely handicapped children occurred (very poor living conditions, poor nutrition and lack of qualified staff). Consequently, there has been a steady increase in the numbers of deaths among children cared for in Hospital Homes since 1986 (Table 2.1). Images of the almost inhuman living conditions in some of these institutions were broadcast by Western media in the early 1990s and generalised to the whole institutional childcare system.



**Table 2.1 Number of children in Hospital Homes and average number of deaths per year<sup>1</sup>**

Year	Number of children	Number of deaths
1986	—	325
1987	—	531
1988	—	756
1989	—	706
1990	3,354	268
1991	3,617	64
1992	4,204	—
1993	4,349	—
1994	3,940	—
1995	4,586	—
1996	4,130	—

<sup>1</sup>Note: Data from Zamfir 1997; '—' denotes missing data.

### **Institutional provisions for delinquent children**

According to the Romanian Criminal Code, minors aged 16 and over may be charged with offences, and so may those aged 14–16 if premeditation on their part is found.

In the case of minors who have committed offences punishable under the criminal law who cannot be charged (i.e. because they are under the age of 16) two measures can be taken (DPC and Unicef, 1997):

1. Special supervision – for minors under the age of 10.
2. Commitment to a 'Special Rehabilitation School' for those aged 10 and over.  
(There are two such institutions of this kind, under the control of the Ministry of Education.)

For minors over the age of 16 who commit criminal offences an educational measure can be taken, or imprisonment can be considered. The educational measures consist of reprimand, supervision, or internment in a rehabilitation centre or medical-educational unit. There are four rehabilitation centres for minors (three for boys and one for girls) under the control of the Ministry of Justice. Within these centres, the young people attend general or vocational school classes and qualification courses for various



trades. The local authority, through the Commission for the Protection of Minors, provides supervision to young people released from rehabilitation centres for a period of two years, facilitating their professional reintegration. In respect of imprisonment, during their internment young people are allowed to receive correspondence, food parcels, clothes, money and other goods. They are allowed to be visited by their family members, usually four times per month, each visit being of up to two hours.

### **Degradation of living conditions in childcare institutions**

In the 1980s the social infrastructure for children in the Soviet Union and Eastern European countries gradually deteriorated because of fewer government resources and competing priorities for these resources. For example, during the period of *glasnost* in the Soviet Union official reports and articles began to appear discussing the abuse of children in orphanages and the deplorable conditions of children's homes and boarding schools:

In the late 1980s public criticism of the care provided by the institutions [in the Soviet Union] grew. The homes were poorly furnished, and the children lacked proper clothing and nutrition. In one case journalists exposed the conditions of a boarding school where children who misbehave were locked in a tiny, empty room without heat, light, or adequate ventilation for up to three weeks.

(Tobis, 2000, p. 8)

Even though such official reports did not appear in Romania because of strict political control of the media, the situation as regards institutional childcare provision was worsening dramatically. At the beginning of the socialist regime in Romania, under the influence of 'revolutionary enthusiasm', substantial resources were allocated to childcare institutions, and institutional childcare living standards were often higher than in many ordinary families with children (Zamfir, 1997). However, under the impact of the crisis in the socialist economy which began in the 1970s, living conditions in childcare institutions deteriorated more rapidly than living conditions in normal families with children. Several factors contributed to this. First, the economic crisis required more resources to sustain a system which was increasingly inefficient, and, despite ideology, resources allocated to children were sacrificed, particularly for those in institutions as they posed no threat. The funding cuts affected children's lives



directly and the poor wages of staff employed in childcare institutions had a retarding effect, decreasing staff numbers and contributing to their poor qualifications and training. Secondly, in response to the economic crisis in the socialist society, a strong unofficial economy had developed, in particular a family-based one. Families began to supplement their formal incomes and to offset the general shortage of goods with their own resources (such as provision of services on a private basis), thus succeeding in maintaining an acceptable standard of living. Those supported only by formal resources, as was the case with institutionalised children, not having such a 'safety valve', lived in increasingly worse conditions. The diminishing resources available to institutions for children were also subject to supplementary pressures. One of these was increasingly widespread corruption based on theft of state resources: staff members stole from the resources allocated to children (such as food, clothes, etc.). A 'motivational crisis' factor stemming from the fact that care work was considered of 'secondary importance' (Zamfir, 1997) may have contributed to the lack of initiative, discipline and staff care in childcare institutions.

The deterioration of living and medical conditions in childcare institutions had a dramatic impact on the health of the institutionalised children, who already constituted a vulnerable category in terms of their health. The outbreak of AIDS among children affected 10 per cent of institutionalised children (in fact, 67% of all HIV-infected children in 1992 were institutionalised children: DPC and Unicef, 1997; Zamfir, 1996c) and there was a similar problem with hepatitis outbreaks. In addition, the lack of a stimulating human environment in institutions was responsible to a great extent for the significant delays in the physical and psychological development of institutionalised children, especially in the first years of life. On the other hand, the excessive medical care of institutionalised children was a function of the degradation of living conditions. In the context of lowered levels of allocated resources, what was essentially maintained were basic needs: ultimately, the children had to be kept alive and death and illness could be controlled medically. Moreover, there was a lack of consideration for specialised social services – which were assumed to be unnecessary – as social work training was suspended in 1969, followed in the 1970s by psychology, paedagogy and all social sciences training (Radu, 1990).

Among the population of institutionalised children probably the worst fate was that of children with severe disabilities, particularly those with mental handicaps, who were



officially considered 'irrecoverable' and therefore not worthy of investment in care. Families were encouraged to send their children with disabilities to institutions because of a lack of alternative support for children with handicaps. In the general context of material hardship, such families lacked financial and psychological resources to cope with the special situation created by disabled children, and were therefore tempted not only to send their disabled children to institutions but also to abandon them there. Analyses made after 1989 in Romania (Unicef, 1990, 1991), but also in other former socialist countries (Unicef, 2001a; ARIA, 2002), revealed many cases of misdiagnosis in the classification of children as 'irrecoverably handicapped' along with the fact that many children acquired the handicap as a result of living in institutions. Moreover, owing to negligent diagnoses, normal children were sent to and abandoned in institutions for the mentally disabled, being denied a chance for improvement and normal development. The living conditions of institutionalised severely disabled children deteriorated more than those of normally developed children, mainly because they were seen as 'Romania's throwaway children' (Unicef, 1990):

Water and sanitation is a serious problem. Inadequate or non-existing provisions for heating are critical concerns. Basic nurturing and attention to children's developmental and psychological needs are totally lacking. Severely disabled children unattended and covered with flies were commonly seen. Their [children's] condition ranged from apparently normal through severely disabled. Mortality rates have been high in such centres (40 per cent was cited for one). Any attempts to determine the actual developmental potential of individual children should wait until they have for some months been exposed to an appropriate programme of stimulation and nurturing. Clearly much of the retarded development that currently exists is due to the extreme conditions of mental and physical deprivation these children have experienced. [...] These centres were purposely located in remote areas. (Unicef, 1990, p. 19)

These types of Romanian childcare institution were the first to be exposed by the international media after the fall of the socialist regime. This fomented a campaign of blame against Romanian childcare institutions and consequently brought about the



large numbers of international child adoptions from Romania, as well as massive child aid campaigns. But the situations presented were not necessary the result of a negative community or cultural attitude against abandoned or handicapped children, but rather the product of a process of degradation of childcare institutions that mirrored the extremely poor living conditions within the general communities. However, the 'inhuman' Romanian institutions for handicapped children were not the only ones in evidence on the European scene: an outcry over poor conditions in Greek mental health institutions, particularly the Leros institutions for children, had already begun in the early 1980s, triggered also by foreign media reports (Kolvin, 1995, Tsiantis *et al.*, 1995).

The characteristics of Romanian childcare institutions varied greatly at the end of the 1980s. Some were adequate though austere; others had severely deteriorated because resources for social welfare were decreasing. Some, particularly those for severely handicapped children, were bleak and archaic, and many of these could be referred to as 'total institutions' (Goffman, 1961). Goffman refers to a process of 'civil death' that follows the destruction of selfhood ('mortification') upon entry into such an institution. According to Goffman, in this type of institution

[...] all aspects of life are controlled in the same place, under the same single authority. Second, each phase of a member's daily activity is carried out in the immediate company of a large batch of others, all of whom are treated alike and required to do the same thing together. Third, all phases of the day's activities are tightly scheduled. Finally, the various forced activities are brought together into a single rational plan designed to fulfil the official aims of the institution. (Goffman, 1961, p. 17)

Not all child residential institutions in Romania were or are 'total institutions' in the sense defined by Goffman. Most of them provide children with regular contact with the outside world (family, school, recreational activities, etc.). However, the Cradles for infants, the institutions for severely handicapped children and those for delinquent children retain some of the characteristics of 'total institutions'.



## **Favourable premises**

Various social, economic and political factors have contributed to the increased numbers of children confined to institutional care in Romania before 1989 and to the poor living standards these institutions provided for children. There is, however, a very important positive premise: the attitude of Romanian people towards family and children. Traditionally, the Romanian family paid special attention to children, helping them to shape their path in life. During the socialist regime, the family's investment in the child focused mainly on education: children were taught at home by private tutors, and were encouraged to develop their artistic or sporting talents. Commitment to the family is evident not only when family members speak of their children: most Romanian family members see family commitment in terms of a demonstration of respect, mutual understanding, and a source of contentment within the home (Asay, 2003). Moreover, Romanian families exhibit a powerful ability to grow emotionally through challenges: during the economic hardship and political repression of the Communist period many individuals practised a kind of passive resistance in society and withdrew into their family circle (Asay, 2003). It is significant that the Romanian family's strength comes not only from the cultural heritage but also from its recent past experiences in the Communist period and the transition years following the 1989 Revolution.



## **Chapter 3**

### **The Winding Road of Transition: The Recurring Romanian Child-welfare Crisis after 1989**

The fall of the Berlin Wall – considered the most powerful symbol of the Cold War in Europe – brought about change on an unforeseen scale throughout the former Soviet-bloc countries. Seemingly indestructible regimes and ideologies were removed in a relatively short period of time and countries have seen a profound transformation of their social structure, societies and borders. A new conception of ‘Eastern Europe’ has emerged, embracing countries that have certain geopolitical similarities, most importantly, that they have shared a communist system of one form or another since the Second World War. The human impact of these changes has been immense in both positive and negative ways. Those born into authoritarian regimes now have the freedom to elect their representatives, to voice their opinions, to shape the course of their own lives. But they also find that they must compete in a new economic climate, fighting economic instability and unemployment without the shield of what up until then was an omnipresent and overprotecting state.

#### **Whistle Blowing: The Crisis of Romanian Orphans**

On the new political scene, the Romanian state emerged as a ‘laggard’, retaining this label throughout the whole transition process: Romanians were among the last nations to overthrow their Communist dictator. However, the Romanian Revolution compensated for this lateness as a result of its unique feature among the Communist revolutions: unlike with any other former socialist country, it was only through bloodshed that Romanians succeeded in overthrowing Ceaușescu. This particular aspect of events attracted great Western interest as the Romanian Revolution was broadcast live to the world:

The Romanian popular uprising of December 1989, seen live on television all over the world, and the Ceaușescu’s flight and subsequent execution took on a mythic quality. Some images of the events that took place and were seen on television screens between 22 and 26 December will remain etched in our minds vividly (Behr, 1991, p. 218)



Even now there is no agreement as to whether Romania experienced a revolution or a *coup d'état* (Roper, 2000). From a theoretical point of view, studies have concluded that although a revolutionary situation arose in the country in 1989, a revolutionary outcome is not yet assured (Siani-Davies, 1996). From a different perspective, Romanian people cynically shared the same opinion: after the initial relief, hope and excitement, gradual political disillusionment added to the traumas of ordinary Romanians, who have faced a painful process of social and economical transition that seems to take too long and has harsh consequences for their lives.

However, the already 'mythical' image of Romania, acquired through the worldwide broadcasting of the 'Bloody Revolution', was further reinforced by images of brutal Romanian reality. As early as January 1990, Western media reports brought to the world's attention the abandoned Romanian children residing in institutions – the 'Romanian orphans'.

### **The 'Romanian orphans' – A Western media construction?**

Sociologists often define social problems as social conditions that have been found to be harmful to individual and/or societal well-being (Best, 1995). Studies of social problems from a constructionist perspective are relatively new. Such studies argue that our views of social problems are social constructions, and that the histories of particular social problems (such as sexism and sex discrimination) reveal the importance of subjective judgement in creating social problems (Best, 1995; Howitt, 1982). Moreover, sociologists recognise the relevance and importance of emotionally provocative mass-media accounts in creating images of the new social problems (Aldridge, 1994; Franklin, 1999). The power of the mass media also derives from the stories' ability to elicit emotions; eliciting emotions often paves the way for action. For example, analyses of the mass-media portrayal of child abuse through emotionally provocative stories have proved that such 'horror stories' played an important role in the political, social, and institutional success of the child maltreatment movement during the last 25 years (Johnson, 1995).

The images of Romanian orphans broadcast in the Western world soon after the Revolution fulfilled all the criteria for 'newsworthiness' at that moment: they illustrated problems of politics and policy (coming from a Communist-bloc country) and evoked heartbreaking stories of suffering children. The following extract from



Diana Reich's 'Children of the nightmare' (1990) illustrates the way in which Western mass-media reports played upon the Western family experience, coincidental with the Christmas celebrations, to elicit emotions regarding the plight of Romanian 'neglected', 'abused' 'orphans':

The brutal reality of Romania became evident just when our own world was dissolving into fantasy, last Christmas. As the Romanian people threw off the yoke of the most draconian dictatorship in Europe, the exposure of the nightmare, which had been their day-to-day existence, created shock waves throughout civilised society. Above all, at a time of the year when our sensibilities were most prone to be moved by the plight of children, the image of rows of forlorn babies, in primitive institutions, etches themselves onto our consciences, and into the hearts and minds of would-be adopters.

(Reich, 1990, p. 9)

The strong impact of the media images coming out of Romanian orphanages was further increased by the availability of an interpretative framework: institutional childcare had already acquired a 'bad name' in the Western world. Against a background of progressive decline in the use of residential care for children in Western European countries since the 1970s, revelations about the abuse of children in these residential institutions in late 1980s and 1990s made this form of out-of-home childcare even more undesirable (Ayre, 2001; Browne and Lynch, 1999; Coldrey, 2001; Colton, 2002; Gallagher, 2000; Hobbs *et al.*, 1999; Horwath, 2000). For example, confidence in the public childcare system in the United Kingdom has been shaken by numerous and widespread scandals surrounding the abuse of children and young people, particularly those in residential childcare institutions. Examples are the 'pin-down' regime in Staffordshire, England revealed in 1991, and the case of Frank Beck, who abused young people in residential care in Leicestershire, England, revealed in 1991. Abuse in residential children's homes has attracted much coverage by the media (Aldridge, 1994) and considerable public concern in most Western European countries and the USA.

The constructionists argue further that 'our sense of what is a social problem is inevitably subjective and this is true even when the problem seems purely objective' (Best, 1995, p. 4). This is also true in the case of Romanian orphans: the Romanian



public did not immediately perceive the institutionalised children as a 'social problem'. The Romanian population had just escaped from a despotic political system, which breached human rights by denying the population's right not only to freedom but also to decent basic human living conditions. Western accusations of abuse of children in Romanian institutions were not immediately echoed in the Romanian public perception, creating even more frustration for the international community, which simply refused to believe that most Romanians had only now become aware of the situation (Groza *et al.*, 1999). Taking this perception out of the Romanian social context, where other problems were seen as more pressing at that moment, the foreign observers labelled the Romanian response as a 'general community attitude of indifference towards institutionalised children' (Unicef, 1990). However, taking after their foreign colleagues, the newly-emergent free Romanian mass media began a press campaign in January 1990, sustained mainly by the radical newspapers *The Truth* (Adevărul) and *Free Romania* (Romania Liberă), to raise the issue of Romanian children living in institutions. However, the emphasis was more on highlighting the rapidly increasing scale of international adoptions, and was, being from a nationalist perspective, openly opposed to the inter-country adoption of Romanian children, as was illustrated by article titles such as 'Whose are our children?' and 'Nobody's sad children' (Unicef, 1990).

The necessary ingredient in creating 'images' of social problems, besides the eliciting of human interest, is the process of personalising and 'placing blame'. Of course, the fate of Romanian orphans was built up over the decades of socialist rule, but this ceased to exist – at least theoretically – just before the 'orphan crisis' erupted. There were rumours that the Romanian orphans were 'Ceașescu's children' (Simkins, 1998), indoctrinated mercenaries who formed his personal defence guard:

Immediately after the 1989 Revolution, some internal and international mass media developed and spread the theory that the guards that tried to defend Ceașescu and killed Romanian people in the Revolution were abandoned children raised up in orphanages, who, because they did not have families, were educated as devoted to Ceașescu and his family. Consequently, the international mass media visited some childcare institutions and described an unimaginable system of isolation and incarceration of these children. (GIASAI, 2002, p. 18)



Ceaușescu and his élite were removed, but more children were discovered in institutions and a 'scapegoat' had to be found. Although the post-Revolution Romanian authorities were doing their best to deal with the crisis, they were (and remained) constantly blamed by the international community. The international media presentation of institutionalised Romanian children undoubtedly created a climate of blame targeted at the Romanian authorities. After the broadcast in 1990 of an ABC programme, *20/20*, on Romanian orphanages, the then Prime Minister, Petre Roman, allegedly sent a videotaped response: 'I said: Blame us, but help us' (Ruth Sorelle, *Houston Chronicle*, 1996). Again, Roman's response must be understood within the political context in Romania: the newly empowered Romanian authorities realised that the only way of delivering the promises of a better life to the population was by relying on international help, which was achieved mainly through massive external loans in early 1990. The intended emphasis of the Prime Minister's response was most certainly on the 'help us' rather than on the 'Blame us'. The vilification of the Romanian authorities must be understood in the context of the series of celebrated institutional child abuse scandals occurring during the 1980s and 1990s in Western countries, which were greatly amplified by print and broadcast media (Aldridge 1994). The media's reaction in these cases was important in setting the general climate for developments in child protection and in influencing the pattern of childcare services. But it also had the potential for introducing unhelpful biases and misplaced emphases (Ayre, 2001), as in the case of Romania.

The central organising theme of the media presentation of Romanian childcare institutions was that of 'something must be done'. It is highly relevant that, for example, a well-established organisation such as Unicef based its first 'Emergency assistance programme for institutionalised children in Romania' (Unicef, 1990) mainly on media reports:

The plight of thousands of children interned in institutions in Romania – brought to the light following the December 1989 Revolution – riveted the world's attention. Children in a shocking state, looking out through the international media, sparked a worldwide outcry and an outpouring of humanitarian aid. Viewers in many countries will not easily forget the harrowing scenes televised in early 1990 of gaunt children, lying passively or rocking back and forth rhythmically in dirty, crowded cribs. Not only had



many of these children been abandoned by their parents, but a general community attitude of indifference and an acceptance of institutionalisation prevailed – the result of official doctrine and extremely difficult living conditions. (Unicef, 1990, p. 1)

### **Were the media reports accurate?**

The lack of knowledge and understanding of the Romanian childcare system and the socio-political factors that led to the over-reliance on institutions as childcare alternatives inevitably led to misrepresentation of the real situation. For example, the number of children in institutional care in Romania at the fall of the Communist regime was somewhere between 100,000 (Johnson *et al.*, 1993; Reich, 1990) and 150,000 (Unicef, 1990), depending on who was counting. In comparative terms, Romania's population is about half that of England and Wales, yet twice as many children were in care in the early 1990s (Hill and Cairns-Smith 1995; Madge, 1994), all of them in residential care rather than in foster placements. However, they represented less than 2 per cent of the Romanian child population (under 18) and approximately 0.6 per cent of the total population in 1990 (Zamfir and Zamfir, 1996). Moreover, lack of understanding of the institutional system led to misinterpretation of these figures: in actual fact, approximately half of the children were living in boarding schools (and thus living with their families during holidays), such as those for physically handicapped children, as this was the only facility enabling them to access education (Zamfir, 1996c, 1997).

The Romanian childcare institutions seemed very primitive to foreigners – 'Dickensian to British eyes' (Hill and Cairns-Smith, 1995). But these circumstances were not so different from those identified just 50 years ago in Britain (Hill and Cairns-Smith, 1995) or still to be found in certain parts of the European Union, such as Greece (Tsiantis *et al.*, 1995). Moreover, the international organisations that assessed the institutional childcare system in Romania immediately after 1989 failed to recognise that these institutions mirrored the general poverty of their local communities (Groza *et al.*, 1999). In the context of the large-scale poverty that existed in Romanian society at the end of the Communist regime, childcare institutions could not have fared better. The shocking images of the institutions for severely handicapped children were accurate, but this type of institution represented only a



minority. The other childcare institutions were better, although still unacceptable by most Western standards:

The three-tiered-system of institutions had very different physical conditions as well as childcare standards. The most horrendous conditions were found in the institutions for Irrecoverables and the images seen in the media such as those presented in the 20/20 special 'Shame of a nation' were from these settings. Romania was not unique in this system of institutions. It appears that there are similar institutions and tiered systems in Russia and the Baltic States, with a range of quality in their atmosphere, staff and programs. (Groza *et al.*, 1999, p. 27)

During the 1990s, when international childcare organisations such as Defence for Children International and International Social Services made their own assessment of the situation, they included in their reports an oblique criticism of the Western media presentation of the situation in Romania (DCI and ISS, 1991).

Undoubtedly, Western media representations played an important role in the emergence of the 'Romanian orphans issue' as well in the international response to the alleged 'Romanian orphans crisis' consisting of humanitarian aid and international adoptions as well as international political decisions. The international attitude of blame towards the Romanian authorities continued throughout the decade following the Revolution. The international media have followed the 'Romanian orphans' (those remaining in Romanian institutions as well as those adopted abroad) and the behaviour of the Romanian authorities up to the present in a continuing process of action and response, as it will be explained further in a review of the situation after 1990.

## **Responses to the Crisis**

After the fall of the Communist regime, the Romanian people and the world in general were shocked to discover, via the mass media, the large number of children living in very difficult conditions in institutions. The core theme of media presentations of the Romanian orphans' situation was that 'something must be done'. It was therefore implied that these children could only be saved through emergency programmes of international solidarity or placement in substitute families. This gave



rise to a generalised mobilisation on the part of existing international childcare organisations (e.g. Unicef, Medecins sans Frontières), and others (e.g. the Romanian Orphanage Trust) were specially created. These brought convoys of emergency relief to Romania, and some settled in orphanages and intervened according to their own criteria in order to improve the life of children in institutions. At the same time, the Romanian authorities took measures to improve living conditions as well as general child welfare. There were, then, two major approaches to the Romanian orphans' crisis: internal, within Romania, and external, focused on 'saving' or 'rescuing' the Romanian orphans.

### **Internal Response: Recuperative and Ad-hoc Measures**

After almost 40 years of dictatorship and economic crisis, the post-Revolution regime was expected to herald numerous changes. Indeed, immediately after December 1989 the authorities undertook a large number of social measures intended to repair the damaged caused by the dictatorial regime. Among these measures (DPC and Unicef, 1997; NCCP and Unicef, 1996) were:

- The elimination of the shortage of consumer goods (including food), which was a chronic problem in the late 1980s in Romania. This extremely urgent and most popular measure was achieved mainly by stopping the export of consumer goods, and through a massive import of scarce products, mainly from Western markets.
- Salary increases, achieved, however, mainly through the elimination of various methods of salary reduction (e.g. high taxation) used during the Communist regime.
- Compensatory measures (consisting mainly of financial allowances) for people who were the victims of political oppression during the Communist regime, such as imprisoned persons and those who suffered internment in work camps for political reasons, as well as victims of the fighting during the Revolution.
- Increased spending for the social protection of special categories of population, such as mothers and children, the handicapped and those living in institutions, as well as the elderly.

As a result, during the first six months following the Revolution living standards increased markedly, but unfortunately only for a short period. Moreover, many of



these measures proved to be counterproductive in the long run (Lataianu, 2003; Zamfir, 1996a), having as they did a populist character and often resulting from pressure from trade unions or new political parties. The most urgent measure at that time seemed to be the improvement of the living standards of the population at any cost. Above all, it was the moral duty of the new regime to repair the damage caused by the previous regime. The authorities proved to be over-optimistic regarding the prospects of the Romanian economy, however. This optimism was based on one of the very few positive legacies of Ceaușescu: in 1989, Romania repaid all its external debt, and also had a substantial money reserve of approximately 1.5 billion \$ US (Zamfir, 1996a). Government expenditure on such populist measures increased also as a result of increasing union pressure as well as political pressure from the newly emerging political parties.

During this period of 'revolutionary enthusiasm', the situation of children living both in families and in institutions improved in line with the general improvement in living standards. The 1966 decree which had prohibited abortions was abrogated in December 1989, this being among the first measures that the new authorities undertook. This led to an expectation that the number of children abandoned in residential care would decrease substantially. Owing to international media pressure to change the situation in childcare institutions, the new Government paid them special attention. Through the 138/1990 Decree regarding the 'Improvement of protection for special categories of minors', the state increased allocations for children living in institutions: in four years these were almost doubled (Lataianu, 2003). In addition, the substantial help provided by foreign governmental and non-governmental organisations led to a significant improvement in the quality of care for children in institutions.

The most visible changes concerned living conditions in institutions: children's homes were refurbished and equipped with carpets, furniture, TVs and radio sets and toys (Zamfir, 1997). Through donations the institutionalised children received many personal items (clothes, shoes), and they even received pocket money every month through the universal state child allowance (Lataianu, 2003). Also, supplies of food and medicine were boosted. There were also important changes relating to the internal organisation of childcare institutions, reducing the number of children assigned to a caregiver and the number of children sharing a bedroom. Staff numbers were



increased and staff were given a pay rise. Most importantly, training courses were introduced for staff: in 1990, after a long period of inexistence, college and university-level courses and degrees in social sciences were re-established along with, most importantly, courses in social work, psychology, and pedagogy with direct relevance to childcare (Zamfir, 1996d). One indicator of the improved living conditions in residential institutions was the more than tenfold decrease in about three years in the number of deaths in institutions of severely handicapped children (Lataianu, 2003). Most importantly, in 1992, for the first time in Romania, Law 53/1992 regarding the 'Special protection of handicapped person' offered the possibility of handicapped children being cared for within their families, through the provision of a salary for the carer (usually one of the parents) as well as other facilities, including day-care centres for handicapped children (Brandon *et al.*, 1998).

Besides their 'ameliorative' nature, the changes that took place in child welfare provisions during early 1990s in Romania have been characterised as 'incoherent' and 'lacking a clear social policy strategy' (Lataianu, 2003). Their main goal had been the improvement of living conditions in residential care. In some institutions huge changes took place, but there were also institutions where the situation remained disastrous, owing to administrative and managerial incompetence and lack of interest. Moreover, the measures to tackle the problem of child institutionalisation lacked a global perspective: for example, child abandonment prevention measures were practically absent and there was no single governmental authority responsible for child welfare (responsibility for child protection was shared between the Ministries of Education, Health, Labour and Social Protection, and the State Secretariat for Handicapped Persons). A first attempt to combine these activities under a single umbrella was made in 1993 when, through Government Decision 103/1993, the National Committee for Child Protection was created (Dickens, 1999b). This was an inter-ministerial agency supposed to design a coherent policy and co-ordinate all child welfare activities between the responsible ministries. But it was only in 1995 that a 'National Plan of Action for Children' was launched and adopted (Government Decision 972/1995), addressing issues such as the necessity of a national strategy for strengthening family childcare and family-type alternatives to institutional childcare, children's rights, etc. (Zamfir, 1997). However, owing to lack of political support the



National Committee for Child Protection (which had no decision-making power) failed to carry through any of the provisions of the plan (Momeu, 2000).

During the same period Romania adhered to and ratified the following international conventions regarding children's rights and child protection:

- The United Nations Convention on the Rights of the Child of November 1989, in force as Law 18 from 1991 in Romania
- The Hague Convention on the international kidnapping of children (Law 100/1992)
- The European convention regarding child adoption (Law 15/1993)
- The Hague Convention on the protection of children and co-operation in respect of international adoption (Law 84/1994)

However, the main legislative measure in force in Romania up until the 1997 reform remained Law 3 from 1970 (described in the previous chapter). Thus the changes in child protection at the beginning of the 1990s were rather 'cosmetic' (Lataianu, 2003), attempting to deal only with immediate problems. Being forced to increase expenditure in areas where social pressure was strongest, the authorities neglected areas where social pressure was less or nonexistent. Unfortunately, the interests of children, especially of those living separated from their parents in institutions, were not upheld by any important pressure group, and as a result the Romanian authorities did not give them the attention they deserved.

### **International Response: Help or Rescue?**

The Western response to the Romanian institutionalised children situation was rapidly reactive and emotionally driven. Institutionalised children became a top priority. Aid schemes to help Romanian orphans were established in Western countries moved by the Romanian children's plight. Money was raised, and several governmental as well as voluntary aid organisations came to Romania with financial and human resources to help rebuild and improve orphanages and ease the plight of orphan children.

Waves of 'aid' for institutionalised children were pouring into Romania, but not necessary in a co-ordinated manner. Many foreign aid groups established themselves in the institutions and aimed to improve the physical structure of them, conducting



their own analysis of the needs, and making plans for correcting the problem. Other groups focused on providing improved daily care to the children, but few training and staff development activities were directed to the Romanian caregiver employees. Foreign criticisms of the quality of institutional care failed to recognise that these institutions mirrored the general poverty of their communities.

Even though the international aid campaign made a major positive contribution, it was mainly an improvised effort which lacked co-ordination, producing at times confusion and an 'atmosphere of chaos', as Groza explains:

Hundred of agencies and individual went to Romania to help the orphaned and institutionalised children. From 1990 to 1992, approximately 391 non-governmental organisations (otherwise known as private, non-profit agencies) providing humanitarian assistance (helping care for children), suppliers (diapers, toys, medicines, etc.), infrastructure repair (fixing roofs, water system, heaters, etc.), personnel (increasing the number of people caring for children) with occasional training (how to care for children with disabilities), and technical assistance (how to develop programs for children with special needs), were registered in Romania. By the end of 1992, almost every institution has some association with a foreign aid group. However, many groups, especially volunteer groups or individuals, never registered with the government. With so many international organisations providing aid, the Romanian government had no accurate idea of how many organisations were in the country, what the purpose of each organisation was, or how to coordinate these multiple efforts. With no official endorsement, these individuals and groups worked in institutions all over the country and it wasn't unusual for groups from several countries to set up different programs within the same facility. (Groza *et al.*, 1999)

While foreign helpers generously focused their energies and resources on the needs of institutionalised Romanian children, inevitably this foreign help also had some negative effects. The foreign volunteers and specialists who came to improve the living conditions in childcare institutions were highly critical, implicitly and explicitly, of the Romanian caregivers. They, in return, began to be resentful of



foreigners, their feelings amplified by the insecurity that their jobs might be taken by the international volunteers. Moreover, because the severe poverty of the childcare institutions was also very much present in the general community, the Romanian staff 'helped themselves' from the supplies provided for the children in institutions. Of course, this resulted in the fact that international workers labelled Romanians as 'thieves' and as 'not to be trusted' (Groza *et al.*, 1999). Overall, foreign criticism of the quality of the institutional care overshadowed the potential capacity of the local community to be involved in the solving of its own problems.

Apart from supplying goods and services to childcare institutions, some foreign voluntary organisations provided training activities for Romanian employees. However, since the vast majority of the Romanian institutional caregivers did not speak the languages of the foreign workers (English, French, German) only a very few benefited from the opportunity for training. By the mid-1990s the international aid organisations had moved away from the direct provision and management of the childcare services to an approach aimed at stimulating the initiative of Romanian-managed childcare services. This extension of foreign assistance was closely linked to the re-emergence of professional social work and applied social sciences in Romania. Social work training was abolished in 1969 and re-established in 1990 as a university degree qualification (taught in the three main universities in Romania), but because of the lack of continuity of social work education for over twenty years (in 1990 there were very few social workers available to teach), there was a great need for up-to-date knowledge and training. Universities in European countries and North America were assisting in the development of these courses – for example the Universities of Dundee and East Anglia in the UK. The Romanian social work programmes are more akin to continental than to British models, since they last four years and have much academic input by non-social workers, especially psychologists, pedagogues and lawyers. The experience of teaching social work in Romania presented foreign academics with a number of cultural barriers:

How could we offer a suitable [social work] course for another culture? Romania reminded us in many ways of the post-war Britain. Many shops were bare and even in one of the few supermarkets the range of goods displayed was very limited. People looked depressed and the predominant colour of the landscape and



townscape was grey. [...] It was desirable to 'Romanianise' the course as far as possible. We have made it clear through that the intention is not to foist British or Scottish values and practices inappropriately on a different cultural, economic and social context. [...] Our very limited knowledge of Romania made it impossible for us to provide direct input on relevant knowledge of that country (e.g. Romanian welfare law). (Hill and Cairns-Smith, 1995)

Moreover, these foreign teachers harboured expectations different from Romanian students' regarding the teaching methods they used. Even though the Romanian education system was considered in many respects a good one, especially in scientific and technical subjects, the Romanian educational tradition in schools, as well as in universities, is very formalised and didactic, so that Romanian students expected to be provided with answers rather than to discuss ideas (Hill and Cairns-Smith, 1995; Ramon, 1996). The different approach to educational methods created reactions of resistance at times (Sellick, 1997), which were interpreted by the foreign teachers as 'resentments to outside interference' (Hill and Cairns-Smith, 1995). Moreover, because of the foreign teaching on the one hand and, on the other, the unavailability of Romanian translations of the relevant literature, an invasion of 'Anglo-Saxon' terms and theories occurred in the social sciences field, to which Romanian public opinion reacted with ambivalence. The 'closed-mind' reaction took the form of open resentment: 'Romanians do not need foreigners to come and dictate what is to be done to solve Romanian problems' (Magrit, 1994). The other reaction was one of unconditionally accepting the new theories without questioning their relevance to the Romanian system – an attitude equally as damaging.

These international efforts were much appreciated by universities as well as by students. However, at the receiving end they had contradictory effects, as Vanda Magrit, a Romanian social work student in the early 1990s, explains:

We were regarded as having no experience in social work, attending a lecture given by an American social worker, from a country with great tradition in social services. Even though I was the translator of the lecture, I couldn't understand a thing! The language was doubly foreign. First, because it was in English and second, because I was not familiar with the terms and concepts the lecturer used. All the concepts in that whole lecture were unfamiliar; the cultural context



was strange and the practical examples totally unfamiliar. The lecturer expected us to be, at least, enthusiastic. We were both bewildered and sceptical. We had serious doubts about the relevance and validity of these ideas. They did not seem to have any relevance to a Romanian situation, about which the American lecturer was ignorant. (Magrit, 1994)

Because of the lack of opportunity for supervised practice training in Romania, student exchange programmes were established. Although they were judged to be a success, it was considered that initiatives of this kind were unsustainable, because they were expensive, and also because they took Romanian trainee social workers out of their own country where they should practise (Sellick, 1997).

As the attention of the world has moved from the crisis in Romania to other parts of the world, resources previously going to Romania have been reduced or eliminated. Relief agencies began leaving in 1991, and by 1994 few remained (Groza *et al.*, 1999). Even though their contribution to the improvement of the life of Romanian children living in institutions was extremely important, it was mainly emergency-targeted, so they did not leave behind a community empowered to continue the progress made. Eventually, some of these aid organisations realised that the efforts they had made in improving living conditions in childcare institutions were actually encouraging the maintenance of the institutionalised system (Momeu, 2000). Because many of the foreign aid agencies did not operate via official co-operation with the local and national Romanian authorities, many of the programmes they implemented did not have a secure funding base for continuation of the work concerning children in institutions (Groza *et al.*, 1999; Ralph, 1994). However, some of the international charities established Romanian 'branches', such as World Vision (Bocsan and Davis, 2000) and the Romanian Orphanage Trust (Dickens and Watts, 1996; Lowe, 1993), which later became the European Children's Trust (Bond, 2000). These Romanian branches, working as Romanian non-governmental organisations aimed at helping institutionalised children, developed in parallel, and they continued to function, but on a much smaller scale (Lataianu, 2003).



### ***'Save/Rescue the Romanian Children': Inter-country Adoptions from Romania***

In the minds of some of the foreign public, the humanitarian response to help Romanian orphans was intended to remove children from the 'terrible institutions' and place them in Western countries where 'nice middle class childless couples could offer them all the material advantages they did not have in Romania' (Groza *et al.*, 1999, p. 51).

Recent studies of the demography of inter-country adoption give an account of its significant growth over the past 30 years (Selman, 2002). Initially seen as a humanitarian response to the plight of children orphaned as a consequence of war or famine in their countries of origin, beginning in the late 1970s and 1980s adoption in general was seen more often as a form of childcare, a way of rearing children whose biological family could not or would not look after them (Hoksbergen, 2000). Consequently, in the last decades, the media have also represented inter-country adoption as 'help for children in need', and adoption was openly recommended as a last possibility for these children to survive and develop normally. It became evident that although inter-country adoption continues to be largely a movement of children from poor to rich countries, the demand for children is also a key factor (Selman, 2000). For example, Hoksbergen (2000) argues that the nature of inter-country adoption has changed over time, the humanitarian motivation being taken over by the demand from childless couples. This increasingly strong trend led to a new development phase in inter-country adoption, namely 'global trading in children' (Triseliotis, 2000). According to Triseliotis (2000), there is 'no doubt that children were sold before, but this practice took off in a big way after the early 1980s' (p. 48). Triseliotis argues further that the industrialised countries created the climate which made possible this trade in children, with adoption quickly developing into a service business for childless couples prepared to pay a high price to adopt a child, either in-country or inter-country. This impacted on the countries of origin, which facilitated the process through their helplessness and, sometimes, corruption. In this process, the child's interests easily became disregarded:

Adoption is meant to be a service for children first, but part of it is practised on the premises that every adult, especially those who are wealthy, has the right to get a child from anywhere and almost by any means in order to be a parent. Just when it was thought that [...]



at last becoming a more child-centred activity, much of inter-country adoption has been shifting the emphasis back to the interests of the adults. In some respects inter-country adoption and the trafficking in children that is a characteristic part of it, has set back the clock for the rights of children and has been a bad precedent for countries still struggling to develop child-centred legislation. (Triseliotis, 2000, p. 46)

In this context, from the early 1990s onwards, inter-country adoption became the subject of international regulation, reflected mainly in the work of the Hague Convention on Inter-country Adoption (of 29 May 1993, entered in force on 1 May 1995).

When the early (January 1990) media reports brought to the world's attention the abandoned Romanian children residing in institutions, they also emphasised how easy it was to adopt them: in 1990 and early 1991 adoption was an easy process that cost very little. The exodus of children from Romania in the early 1990s was triggered by media images of extremely poor and overcrowded childcare institutions. At the same time, numerous Western European and North American childless couples, faced with a short supply of adoptable white children, seized the opportunity and travelled to Romania to find a child (Johnson *et al.*, 1993). There was also tremendous external, and some internal, pressure on the Romanian government to open up to international adoption (Groza *et al.*, 1999). Romanian adoption law in force after the Revolution was based on the 1956 Family Law Act and, before 1989, inter-country adoption from Romania was extremely restricted, each international adoption requiring a presidential signature. There were, however, rumours of 'baby selling' under Ceauşescu (Dickens, 2002; Johnson *et al.* 1993). The media's portrayal of the Romanian orphans' situation was not wholly accurate and, consequently, prospective foreign adopters, who based their decision to adopt a Romanian orphan on information supplied by the media, have found that they have been misinformed and that the vast majority of children living in institutions were not available for adoption (Watkins, 1994). Although perceptions were reinforced by the common use of the term 'orphans' and 'orphanages', the reality was that most of the children were not actually 'orphans': they had parents who also maintained contact with them. The vast majority of these children were placed in institutions by their families as a way of coping with



economic hardship and/or illness. This fact has not been well publicised in the West and it was usually a shock for potential foreign adopters (Reich, 1990). According to Romanian adoption law then in force, it was a requirement that parents (other than a few who had forfeited their rights) consented to adoption, and then it was up to potential adopters to locate them and obtain their consent. Moreover, severely mentally or physically handicapped children, who would probably benefit more from adoption, were certainly not appealing to the prospective foreign parents (except those genuinely motivated by humanitarian concerns, such as those volunteers who came to Romania and helped by working in childcare institutions, got attached to a particular child and adopted it). This double standard on the part of would-be foreign adopters has been documented in their written testimonies about their 'adventure' in becoming the parents of Romanian babies (Groza *et al.*, 1999; Pullar, 1991). For example, with so great a choice of children, some parents came to Romania well-prepared, with a clear idea regarding what kind of child they were looking for:

Prior to our arrival in Arad [Romanian town] [we] have done our homework. We talked to other adoptive parents and took their advice and direction in choosing a child. We decided that we would give preference to a male baby with good motor skills. That decision sounds hard-hearted, but we knew that, with so many children to choose from, we had to put reason above emotion and be decisive about the child we wanted. (Groza *et al.*, 1999, p. 22)

Another example comes from the autobiography of an American couple which tells of their experience of adopting Romanian children, entitled *A Spiritual Calling To Adopt*:

Call this selfish, but God gives us a brain for a reason and I did not want to bring a sick child into our family. (Groza *et al.*, 1999, p. 113)

Confronted by various unexpected situations, such as the unavailability of the kind of child (in terms of age, gender, abilities, etc.) they were looking for, foreign adopters began looking for children to adopt outside institutions, mainly in maternity hospitals and from poor families (Dickens, 2002). Gradually the emotional rhetoric about the humanitarian rescue of children from the terrible Romanian institutions gave way to a more generalised discourse about saving children from the generally difficult living



conditions in Romania and offering them the opportunity for a better life in the West (Kligman, 1992). Corruption spread rapidly, and various degrees of pressure were exerted on biological parents to give up their children for adoption, including the exchange of money or goods. The victims of this process have not only been the foreign adoptive parents, as often implied by the Western media, but also poor Romanian parents, especially vulnerable single mothers identified and pursued to give up their future or new-born baby (Groza *et al.*, 1999). Also, directors of childcare institutions and doctors in maternity hospitals, as well as the newly-emerging 'middle men', were active elements in the international adoption corruption. The would-be foreign adopters often used this corruption for their own ends, as Kligman noted:

I received a call from a couple caught in an adoption process. They wanted to know if I could help. As I listened to their saga, it became reasonably clear that they were entwined in an illegal case. I felt badly for their emotional pain. However, when they volunteered that they wanted to use a connection to get to the Romanian Prime Minister, my sympathy vanished. I had little patience for those who shake their heads in agreement that the former regimes were corrupt – except when corruption benefits their interests. (Kligman, 1992, p. 419)

However, these adoption abuses were undoubtedly facilitated by the lax legislation that Romania promoted during this time. Soon after the Revolution, approval for international adoptions was transferred from presidential level to the County Courts (Law 11/August 1990). The new adoption regulation allowed the adoptive parents (Romanians or foreigners) to choose a child freely with the approval of the child's biological parents (Johnson *et al.*, 1993). Under this law (in force between August 1990 and June 1991) a total of 4,491 inter-country adoptions were granted in a period of eight months (Johnson *et al.* 1993). In less than a year Romania became 'the international focal point for adoption'. However, the magnitude of the phenomenon could be underestimated by official statistics, as some children left Romania without a visa from the receiving country. Immigration officers in the receiving countries were put under significant pressure to accept these illegal immigrants, with foreign adoptive parents often invoking their right to get their Congressperson or MP on to the case, thus participating in the moral compromises involved in Romanian international adoptions (Kligman, 1992). Once in their adoptive countries, the



judges/courts were often sympathetic towards the adoption of these children, commonly overlooking the delusive way in which they were brought in, and overriding the immigration laws out of a feeling that 'the best interests of the child' are of paramount importance (Humphrey and Humphrey, 1993). The variety of abuses connected with Romanian international adoptions included also various attempts to persuade the national authorities, both in Romania and in the receiving countries, to release more children and, respectively, to smooth the way for Romanian children brought in illegally (Pullar, 1991), in spite of the governments' clear positions in discouraging this practice.

During the same period, more than a quarter of the adoptions of institutionalised children were accomplished by Romanian families (Johnson *et al.*, 1993). This is noteworthy, because the media rarely focused on this aspect of Romanian adoptions. It is likely that many of these adoptions were conducted by the child's extended family, but nevertheless this represented a remarkable effort (Reich, 1990).

In a relatively short time, the system became 'out of control': during 1990–1, Romania accounted for over a third of the total annual figure for inter-country adoptions throughout the world (DCI and ISS, 1991). An increasing number of very young children were adopted – infants only a few weeks and even a few days old (over 50% of the adopted children were under six months); very few children over the age of three were adopted, and only exceptionally disabled children. It became clear that more and more children were adopted from families, and ever fewer from institutions, although the latter would benefit more from adoption. A black market developed quickly within international adoptions from Romania: it is acknowledged that between August 1990 and February 1991 a quarter of the children were adopted from poor families rather than from institutions (DCI and ISS, 1991), in exchange for money or goods. The atmosphere was described by one Romanian official as 'just like a market where you sell potatoes' (DCI and ISS, 1991, p. 9).

These developments led to worldwide criticism (DCI and ISS, 1991) and to negative media attention being paid to Romania, which suspended international adoption in June 1991 (for nine months) until Parliament could draft appropriate legislation. By early 1991 the Romanian government became aware of the situation and of the need to control the outflow of children, which was described as a 'national tragedy' (Dickens, 2002). The 1991 Romanian moratorium on inter-country adoptions lasted



for nine months and was not well-received by foreigners anxious to adopt a Romanian child. The Deputy Minister of Health illustrated the atmosphere of pressure during the moratorium in saying '[It is] intolerable to be more or less accused of genocide by impatient British adopters on one hand, and of a cavalier attitude to immigration procedures by the British Embassy on the other' (Reich, 1990, p. 13).

In July 1991, the Romanian Parliament passed Law 48/1991, which stipulates that Romanian childcare institutions are the only source of adoptable children and also bans private or independent adoptions and makes it illegal for individuals or couples to travel to Romania to find a child to adopt. International agencies from several countries were selected for accreditation as officially handling adoptions from Romania. Moreover, the law authorised two new governmental bodies: the Commission for the Protection of Children, for safeguarding the protection of children's rights in Romania, and the Romanian Committee for Adoption, which oversees adoptions in both domestic and international contexts. Under the new law, foreign and Romanian citizens have the right to adopt Romanian children, but only institutionalised children who have been made available for adoption by being included on the official list of adoptable children of the Romanian Committee for Adoption. In addition, a period of six months is necessary before the institutionalised child becomes eligible for international adoption, during which time the law requires that efforts should be made to reunite the child with his or her biological family. If reuniting the child is not possible, a second attempt must be made to find an adoptive Romanian family, and only as a last resort is the child eligible for international adoption. Criminal penalties apply to anyone offering money or material goods for the release of children for adoption, as well as to anyone seeking excessive material gain for facilitating an adoption (Johnson *et al.*, 1993). The number of inter-country adoptions from Romania did fall significantly as a result of these measures (Figure 3.1), but international adoptions continued to outnumber domestic adoptions and levels of abuse regarding international adoptions rose.



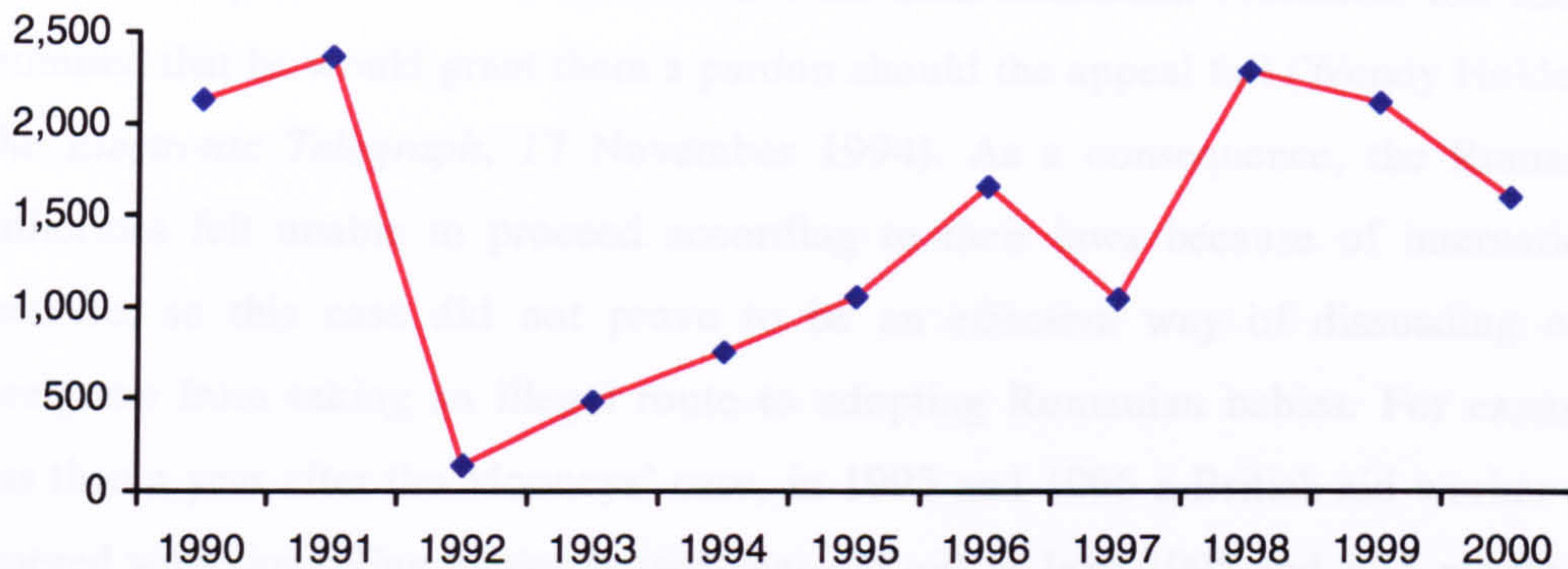


Figure 3.1 International adoptions from Romania 1990–2000<sup>1</sup>

Dickens (2002) offers the following explanation for why the 1991 measures regarding adoption did not succeed in eliminating the abuses and corruption in the Romanian system:

In a country where there is a well-established tradition of personnel in all lines of working asking for, and receiving, ‘gifts’ in return for a service or a favour, efforts to stamp out illegal practices in inter-country adoption often run up against the self-interest of those who should be at the forefront of the clampdown. (Dickens, 2002, p. 78)

Indeed, in spite of the new adoption regulations, there were still many opportunities for bribery and corruption on the Romanian side of the adoption process, but in addition, the number of baby-smuggling cases increased. The story of a British couple, Adrian and Bernadette Mooney, who were arrested by Romanian police at the Romanian–Hungarian border in July 1994 with a five-month-old baby they had bought hidden in their car, received a great deal of press coverage (especially in Britain), and once more put inter-country adoption into the limelight of controversy. The Mooneys had already legally adopted a Romanian girl in 1990, but because the procedure had toughened and young babies were not legally available they proceeded illegally with the new adoption. Initially they were arrested and sentenced to a 28-

<sup>1</sup> Data from Johnson *et al.*, 1993 and RAC, 2000.



month prison sentence, but they were released on appeal in November 1994. The international pressure was so intense that the then Romanian President, Ion Iliescu, promised that he would grant them a pardon should the appeal fail (Wendy Holden in *The Electronic Telegraph*, 17 November 1994). As a consequence, the Romanian authorities felt unable to proceed according to their laws because of international pressure, so this case did not prove to be an effective way of dissuading other foreigners from taking an illegal route to adopting Romanian babies. For example, less than a year after the Mooneys' case, in 1995 and 1996 a British aid worker was charged with smuggling babies (a two-year-old girl in June 1995 and a 15-month-old girl in 1996) out of Romania during his numerous aid trips and handing them to families in Britain (Julius Strauss in *The Electronic Telegraph*, 23 May 1996). In spite of the fact that investigations by police and adoption agencies in both Romania and Britain found other cases involving the same person, his 20-month prison sentence was suspended by the Romanian judge, who praised him for his 'compassionate and important work in Romania and caring for the children' (Bob Graham in *The Electronic Telegraph*, 3 June 1997).

In order to increase the chances of children living in institutions being adopted, in 1993 the Romanian authorities introduced the 'Law regarding the declaration of legal abandonment for children' (Law 47/1993) via which children placed in childcare institutions where there has been no contact or visits from the parent(s) for more than six months are declared, through a legal court procedure, 'legally abandoned'. Until then, Romanian law and practice had seemed to acknowledge the continuity of parents' rights and responsibilities regarding their children, even after a period of many years of not exercising such rights, as in the case of children placed in institutions. As a result of the abandonment law, lack of contact between children living in institutions and their families became a ground for revocation of parental rights. Abandonment would enable the state to make decisions about the child's future, including about the possibility of adoption. However, the law did not make adequate provisions for ensuring that such a revocation of parental rights could not take place without full efforts being made to trace the parents and give them the opportunity to oppose the decision. Moreover, the provision failed to acknowledge that lack of contact by the family does not necessarily mean that the parents do not wish to have a say in their child's life; it also failed to acknowledge that parents may



wish to maintain links with their child but may be prevented by other problems, such as poverty, illness or lack of public transport, from visiting the child's institution (Lowe, 1993). Initially promoted as a means of encouraging adoptions from institutions, especially of children who could not be adopted because they were in a so-called 'legal limbo' (i.e. had been practically abandoned by their parents since birth but could not be adopted because their birth parents could not be traced), the abandonment law did not improve the situation.

## **The Impact of the Transition**

The drive for change in the former Communist European countries was a bold economic and political reform. Before the breakup of the old Communist system, poverty in the whole of Eastern Europe was a taboo subject, being counter to the idea of socialism, in which the prevailing view was that 'poverty is a disease of capitalism' (Unicef, 2001a) and therefore cannot exist in the socialist world. However, most people survived within the safety net provided by the socialist state: maternity and child benefits, pensions, free education and childcare and affordable housing. All these changed in the early 1990s when the collapse of the command economies created mass unemployment and soaring inflation; with inequality increasing hugely, social and family benefits shrank to almost worthless levels. What was seen as a 'transition' to a market economy proved to be, according to some, an 'unprecedented economic depression' (Carter, 2000; Unicef, 1999). The economic breakdown in the region was partly the result of the chronic crisis in socialist economies which began in the 1970s. Soon after the 1989 Revolution, the Eastern European countries turned to the Western world for economic help, in terms of both financial capital and 'know-how'. Consequently, the newly emerging Eastern European economies became highly dependent on Western capital, especially on the two main international financial institutions, the International Monetary Fund and the World Bank. These international organisations were eager to provide help (money loans), but, being motivated by a need to protect their loans, they also came with their own plans of economic development within the region. Without much opposition, they succeeded in imposing their strategies on the former socialist countries, a mixture of political and economic goals, which reflected the theories and economic thoughts in fashion at that moment in the West, especially in the USA (Zamfir, 1996b). The approach to the problems of



Central and Eastern Europe adopted in the early 1990s by the World Bank and the International Monetary Fund was the standard neo-liberal one, which entailed dismantling the command economies and letting the market take over. This approach was based on two main policies: encouraging labour-intensive economic growth and introducing a reduced welfare system, providing basic health and education for poor people (an approach put forward in the World Bank's *World Development Report 1990*, quoted in Carter, 2000). According to these policies, the World Bank set average annual rates of economic growth for each country, but these proved to be unrealistic. As regards 'targeted welfare' the idea was to reduce the overall cost of welfare by targeting those most in need. In essence, the countries in Central and Eastern Europe have been 'testing the new paradigm on the ground' (Unicef, 2001a). Moreover, these international agencies tended to impose their own specialists, ignoring local expertise, and they negotiated reform strategies directly with the governments, which then had to behave in a totally undemocratic manner towards their populations, imposing the reform measures without any public debate, making the reforms even more unpopular with the population at large. For example, in Romania, the two 'White Books' of the Romanian Ministry of Work and Social Protection were developed exclusively by foreign experts using only the data provided by the Romanian Government and they were never debated publicly (Zamfir, 1996b). Following ten years of 'transition' in Eastern Europe under this guidance, this 'shock therapy' approach has recently been heavily criticised (by the New Economic Foundation, quoted in Carter, 2000), and it has become recognised that 'the imposition of market solutions from outside, whatever one's ideological point of view, has not been effective' (Carter, 2000, p. 35), and that urgent alternatives have to be sought such as a broader, 'developmentally-based' approach.

There is an abundance of studies concerning the economic and political changes that occurred in Eastern European countries during the transition period (Agh, 1999; Atal, 1999; Ibrahim and Galt, 2002; Makinen, 2000; Petrakos, 2001; Popova, 2002; Rose and Mishler, 1998; Unicef, 2002) and in Romania (Dumitrache and Armas, 1998; Earle and Pauna, 1996; Mihut, 1994; Muresan, 1999; Phinnemore, 2001; Pond, 2001; Popescu, 1997; Sadlak, 1993; Serbanescu *et al.*, 1995; Shafir, 1997; Skoufias, 1998; Stan, 1995; Tesliuc and Pop, 1999). However, the social impact of such changes, which has been immense, has been studied less.



## Political and economic change

One of the great promises of the 1989 Romanian Revolution was political freedom as well as freedom of thought and self-expression. Even though, in essence, political evolution in Romania after 1989 has been the same as in other former Communist countries (Mihut, 1994), the process of democratisation in Romania was subject to several delays and difficulties. The first of these was the fact that since the Revolution and for six years afterwards, political power was concentrated in the hands of an ex-Communist leader, President Ion Iliescu. In spite of the fact that Iliescu gained power through free elections in 1990 and 1992, he was seen – both among the Romanian intellectual class and abroad – as ‘a legacy of the rule of the Romanian Communist Party’ (Shafir, 1997). However, in November 1996 Romanian voters unseated him and his ruling Social Democracy Party of Romania (PDSR) in favour of President-Elect Emil Constantinescu and a parliamentary coalition led by the Democratic Convention of Romania (CDR). The democratic parties were elected in 1996 with promises of ‘change’ and a drive against corruption, and were seen as ‘Romania’s road to normalcy’ (Shafir, 1997). However, they left power four years later without fulfilling their promises, giving power back to the previous president, Ion Iliescu. The political struggle for power did not provide an optimal background for promoting the ambitious economic reform and delivering electoral promises to the population.

The economic impact of the transition was immediate, and its effects were felt most by children, the most vulnerable members of society. The early 1990s introduced important changes in family and child well-being, some improving their situation and others worsening it. The populist measures taken during 1990 and 1991 only artificially improved the living standards of the population, and in 1992 and 1993 an explosion of poverty occurred in Romania. This was due to the convergent effects of a number of factors (data from *TransMONEE*: Unicef, 2001b), such as:

- a negative growth in per capita national income, which in 1991 reached a low point of -12.9
- the abrupt decline in real income, reaching in 1993 and 1994 a low of 65 per cent of its value in 1989
- soaring inflation, which reached over 250 per cent in 1993
- rising unemployment rates, of over 10 per cent during 1993 and 1994



Women and young people accounted for a large proportion of the unemployed. In 1993 the highest rate of unemployment was for young workers in their twenties (30.2%), which could be explained also as a delayed effect of the 1966 baby boom: 'the children of the Decree', in their twenties during the transition period, were again the 'victims' of economic hardship (Earle and Pauna, 1996).

The economic indicators coincided with the introduction of the 'shock therapy' economic reforms, especially the abrupt liberalisation of prices (in 1991), among these being the price of subsistence goods such as food (Stan, 1995). In this context, social benefits dropped significantly in value, on account of both diminished resources and high inflation. For example, child support (child allowances and maternity benefits) decreased from 3.3 per cent of GNP in 1990 to 1 per cent in 1993 and went down further in 1994 (Zamfir, 1996c). As a consequence of brutal economic decline, 1992 and 1993 marked an explosion of poverty in Romania. A study carried out by the Research Institute for the Quality of Life (Zamfir, 1997) shows that in 1993, 49 per cent of Romanian households/families were living below the minimum subsistence level, the proportion increasing to 53 per cent in 1994. The same study shows that Romanian families with children had the highest risk of living in poverty and that almost all families with three or more children were poverty-stricken. Into this category came over 15 per cent of the population and approximately 70 per cent of Romanian children. Families on a single income (such as single-parent families) or families with one or more members unemployed also ran a high risk of living in poverty (DPC and Unicef, 1997; NCCP and Unicef, 1996; Zamfir, 1996c).

### **Demographic changes**

The transition period in Romania also saw a shift in demographic behaviour, which reflected the negative economic conditions but also the changing nature of the family, which in turn impacted on child-rearing practices and development. Within the generally plunging number of births (the crude birth rate dropped in Romania from 18 in 1989 to 11 in 1993 and further decreased to 10.4 in 2000), the total infant child population (aged 0–4) dropped from 1.811 million in 1990 to 1.507 million in 1993 and 1.145 million in 2000. This trend was due mainly to the liberalisation of abortion in 1989 (Serbanescu *et al.*, 1995). In 1990 alone, one million registered abortions were performed (NCCP and Unicef, 1996), and overall, during 1990 and 1991 there



were three times as many abortions performed as live births (the abortion rate being 315.3 in 1990). By 1992, the rate of natural population increase (birth rate minus death rate per thousand population) reached negative levels and continued to decrease, to -2.4 in 1996. The fall in fertility, which also occurred in most other Eastern European countries and was far bigger than in the EU countries over the same period of time (Unicef, 2001a), was initially seen as a 'demographic crisis' brought about by the economic and social transitions, which will lead in time to an ageing population. On the other hand, it could be seen as positive in the context of poor living standards in Eastern European countries: fewer children may benefit more from existing resources. The same period saw a massive decline in marriage rates: in Romania the crude marriage rate dropped from 8.3 in 1990 to 6.8 in 1994 (data from *TransMONEE*, Unicef, 2001b). These trends had been prevalent in Western industrialised countries since 1970, and were known as the 'second demographic transition', accompanied by changing patterns of family formation and reproductive behaviour (Unicef, 2001a). In Romania, the decision to postpone marriage illustrates both a change in family patterns (more people choosing to remain single or cohabit) and a concern on the part of young people with their future prospects in the context of rising unemployment and generally poor living standards. But also, divorce rates were relatively high: by 1994 a quarter of marriages ended in divorce. The rise in levels of family breakup might have resulted from a combination of many factors, including social stress and changes in lifestyles and values. This also affected an increasing number of children: approximately one in every ten children saw their parents divorced (Unicef, 2001a). Moreover, in spite of the declining birth rate, the number of children in Romania born to unmarried teenage mothers was on the increase. The share of births to mothers under the age of 20 (teenage mothers) rose from 15.1 per cent in 1989 to 18.4 in 1993; the share of non-marital births also increased from 17 per cent in 1993 to 24.1 per cent in 1999, and of these, almost half were non-marital births to mothers under the age of 20 (data from *TransMONEE*, Unicef, 2001b). Given the difficult living conditions and the stigma still attached to single motherhood, these births were likely to result in children being left in state care (Unicef, 1997).



## Health and Education

Many countries in transition face a health crisis as a result of cutbacks in public expenditure on health services in response to economic problems. In Romania, this resulted in a significant deterioration of the state of health of the population (Dumitrache and Armas, 1998; Enachescu and Vladescu, 1996; Skoufias, 1998). As health provisions in Romania were among the first to be privatised, this restricted access to health services for the poor, especially families with children. However, in Romania the infant mortality rate dropped modestly from almost 27 in 1989 to 21.2 in 1995, but it still remains among the highest in Central and Eastern Europe (data from *TransMONEE*, Unicef 2001b). The maternal mortality rate, which before 1989 was due mainly to abortions performed in unsanitary conditions, dropped significantly, by 1992, to less than half of what it was in 1989. The health crisis affected most the mortality rate recorded in Romania for male adults in the 20–39 age group (Makinen, 2000; Muresan, 1999), which rose by almost 20 per cent (from 262.7 in 1989 to 305.4 in 1995). As men represented the main breadwinners in Romanian families during transition, the high adult male death rate increased the risk of child poverty and child abandonment. The outbreak of ‘poverty diseases’ such as tuberculosis, whose incidence in Romania almost doubled by 1999, is a matter of great concern, along with the wide spread of sexually transmitted diseases (including HIV) caused by ignorance, lack of sexual education and the growth of prostitution.

As a way of coping with the financial hardship, families cut back on consumption, including of food (which became increasingly expensive after the price liberalisation in 1992). The switch to cheaper foods and the consumption of fewer meals meant that nutrition became unsatisfactory, despite food being the predominant item of expenditure for the poor. These changes affected child health and development the most (Skoufias, 1998). Twenty per cent of school-age children are moderately underweight and undersized, owing, especially, to insufficient and unbalanced food (DPC and Unicef, 1997). Moreover, a study conducted in 1995 by the Romanian Institute for Mother and Child Protection and the Centre for Disease Control Atlanta, Georgia (quoted in DPC and Unicef, 1997; NCCP and Unicef, 1996; Zamfir, 1997), investigating a representative sample of Romanian children aged between one month and five years, indicated that up to the age of six months, Romanian children show a normal development (comparable with the development of infants from Western



countries). However, after six months the influence of malnutrition on child development is increasingly felt, this effect becoming more obvious after children reach the age of one, especially for those children growing up in economically disadvantaged areas (DPC and Unicef, 1997).

Education, one of the keys to successful child development, faced a series of challenges in Romania during the transition period. Owing to cutbacks in resources for education, both enrolment and attendance have fallen. Although basic education is provided free according to the Constitution, families increasingly cannot cope with expenses associated with their children's education, such as textbooks, clothing and shoes, which were no longer subsidised, and therefore increasing numbers of children were prevented from attending school. Rural children faced more disadvantages, exacerbated by poverty, such as poorer access to school and poorer living conditions (they lack not only comforts but also basic facilities such as heating and running water), and they are more likely to undertake work both during and outside school hours, helping with household chores and on the land:

In Romania only 13 percent of rural homes had piped water inside dwelling, compared with 87 percent of urban homes. Often it is the child's job to fetch the water from the standpipe. Ninety-one percent of rural homes are heated by wood, coal and oil stoves [...] which are associated with poor domestic air quality and contribute to respiratory diseases among the young. (Unicef, 2001a, p. 38)

The fall in economic output in Romania, as well as in formerly Communist Eastern European countries, together with an unprecedented rise in unemployment and inflation, brought a sharp increase in poverty, which affected children the most. Also, the number of children living in 'incomplete' families rose as a result of higher death rates among adults (especially males), family breakdown, and births to unmarried mothers (especially teenage mothers). The fall in public expenditure on family support and the loss of a range of social safety nets caused more families with children to become unable to cover basic living necessities. The end result of the transition period for children was that more children lived in poverty than before 1989. The general social impoverishment, including of families with children, became apparent in the growing numbers of children confined to public care. One of the most unexpected effects of the transition period in Romania, especially after the massive



international attention accorded to the country in the early 1990s, was the increase in the number of children in institutional care.

**Children deprived of family upbringing**

The most visible legacy regarding child welfare in the Communist regimes in Eastern European countries is the institutionalised children themselves and the residential institutions. An estimated 790,000 children with and without disabilities were living in an estimated 5,500 large residential institutions in Central and Eastern Europe and the former Soviet Union at the start of the transition (Tobis, 2000). In spite of great attention being paid and help provided to the childcare institutions by international aid organisations and in spite of international adoptions of children from such institutions, ten years on there are more children living in institutions throughout the region than before the transition. Figure 3.2 represents the evolution of the total number of children in residential care in Romania, and five other former Communist countries, between 1990 and 1997.

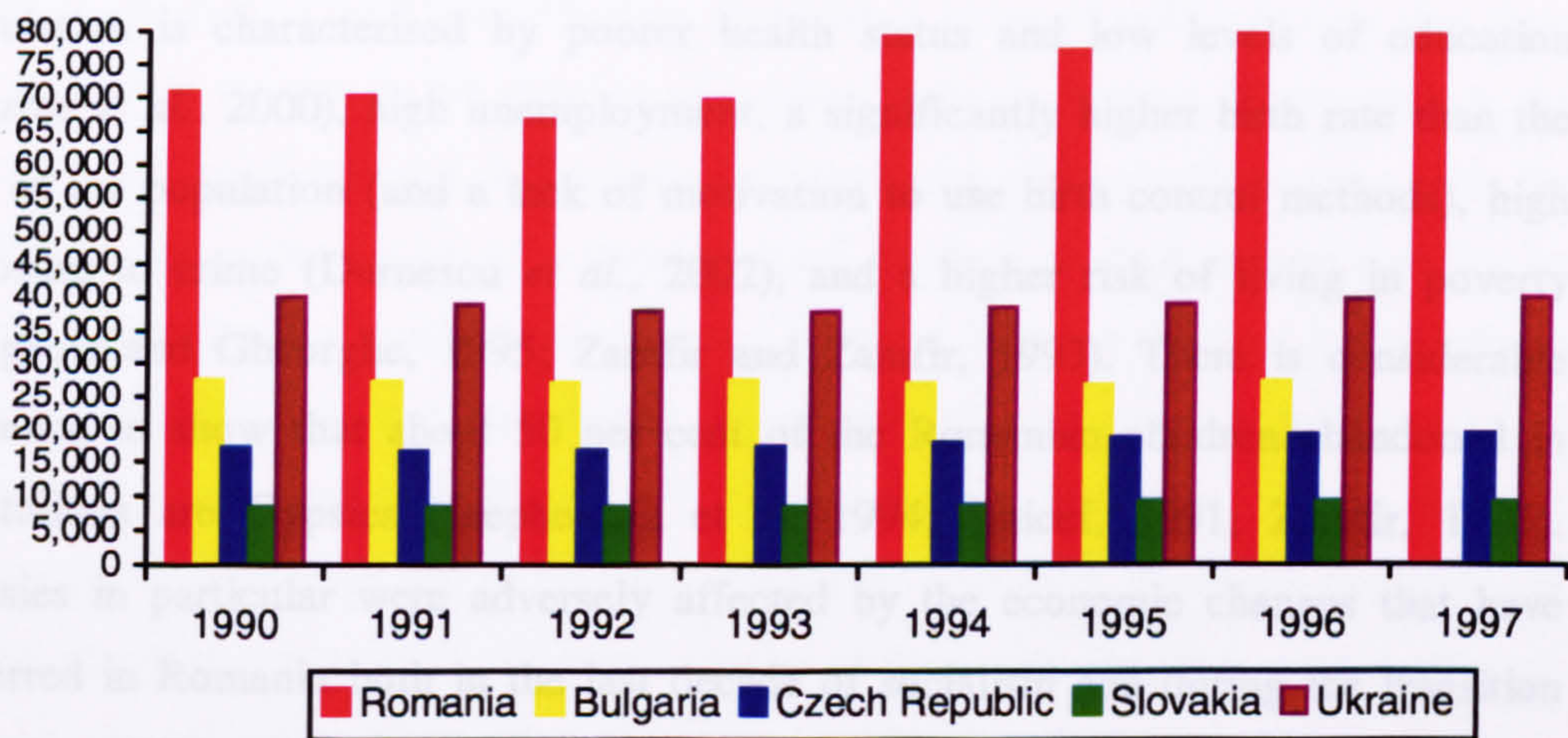


Figure 3.2 Fluctuations in the total number of children in care in Romania, Bulgaria, the Czech Republic, Slovakia and Ukraine between 1990 and 1997<sup>2</sup>

<sup>2</sup> Data from *TransMONEE* (Unicef, 2001b).



In Romania, a slight drop during 1991 and 1992 (from 71,000 in 1990 to 66,800 in 1992) in the number of children in institutional care occurred, due mainly to international and domestic adoptions during that period. However, the number of children in institutional care increased again during 1993, and by 1994 their number exceeded the total for 1990, being more than 10 per cent (79,200 in 1994), and this level was maintained up until 1997. The increase in the number of children in residential care coincides with the explosion of poverty, which began in 1993–4. At first sight, poverty seems to be the main factor determining the increasing number of children in residential institutions in Romania. Without diminishing the importance of the economic factor, which in some cases is the sole cause of children being left in institutional care, it is important to underline that it is not the only one. For example, studies conducted in Romania exploring the causes of child institutionalisation (Unicef, 1991) showed that the majority of children in institutions come from families belonging to marginal groups, characterised by lack of birth control, lack of responsibility towards children, family disruption, high rates of criminality, prostitution and violence (Lataianu, 2003). A special situation is presented by the Gypsy minority (*țigarii*)<sup>3</sup>, which in Romania represents between 4 and 10 per cent of the total population (Zamfir and Zamfir, 1993). The large majority of the Gypsy population is characterised by poorer health status and low levels of education (Cozma *et al.*, 2000), high unemployment, a significantly higher birth rate than the rest of the population (and a lack of motivation to use birth control methods), high exposure to crime (Durnescu *et al.*, 2002), and a higher risk of living in poverty (Liegeois and Gheorghe, 1995; Zamfir and Zamfir, 1993). There is considerable evidence to show that about 50 per cent of the Romanian children abandoned in institutions are Gypsies (Stephenson *et al.*, 1994; Unicef, 1991; Zamfir, 1997). Gypsies in particular were adversely affected by the economic changes that have occurred in Romania both in the last decade of socialism and during the transition (Crowe, 1999). Consequently, Gypsy children face the highest risk of being institutionalised (Zamfir, 1997). In a review of the studies concerning the main factors determining the rise in child institutionalisation in Romania after 1990, Lataianu

---

<sup>3</sup> The gypsies (*țigarii*) are known also as roma (*rromi*) or travellers. The term 'gypsy' is used throughout the thesis as it more closely reflects the term most used in Romanian, '*țigarii*'.



(2003) mentions, besides poverty and ethnic provenance, the following family-related factors:

- Family disorganisation, which, apart from divorce, refers to children coming from accidental relationships (teenage or prostitute mothers and also children with uncertain paternity) and children whose parents are imprisoned or suffer serious diseases.
- Previous institutionalisation, referring to both the previous institutionalisation of one of the parents and/or the existence in the same family of another child who is/has been institutionalised.
- Limited access to and lack of motivation for family planning, referring to lack of information on issues relating to birth control methods and the fact that the relatively high cost of contraceptives makes them inaccessible to those who need them most.
- An increase in the number of children born to mothers under the age of 20, who are less likely to be financially and emotionally prepared for motherhood.

In addition to family-related factors that make certain categories of children more prone to the risk of institutionalisation, there are a series of policy factors that have contributed to the rise in the number of institutionalised children. These include the lack of social work services in Romania for preventing child abandonment and/or for promoting the reintegration of institutionalised children in their natural families or family alternatives to institutional childcare. Contact between children in institutions and their families was not encouraged, giving way to a progressive deterioration of relationships between a child and his or her family. Moreover, in the difficult economic situation applying in Romania during the transition, domestic adoption was not an attractive option since the vast majority of Romanian families were confronted with an acute shortage of financial resources or inadequate living conditions. Another reason for the increase in the number of children in institutional care is the lack of development of child abandonment prevention measures. This is illustrated by the fact that the proportion of infants aged 0–3 placed in institutions increased in most countries during the first half of the 1990s. In Romania, in spite of a high level of inter-country adoptions of infants from institutions and a sharp decrease in the number of births, the number of infants in institutional care increased steadily from 1990,



reaching a peak in 1994 (Figure 3.3). These are the so-called ‘infants of the transition’ (Unicef, 2002).

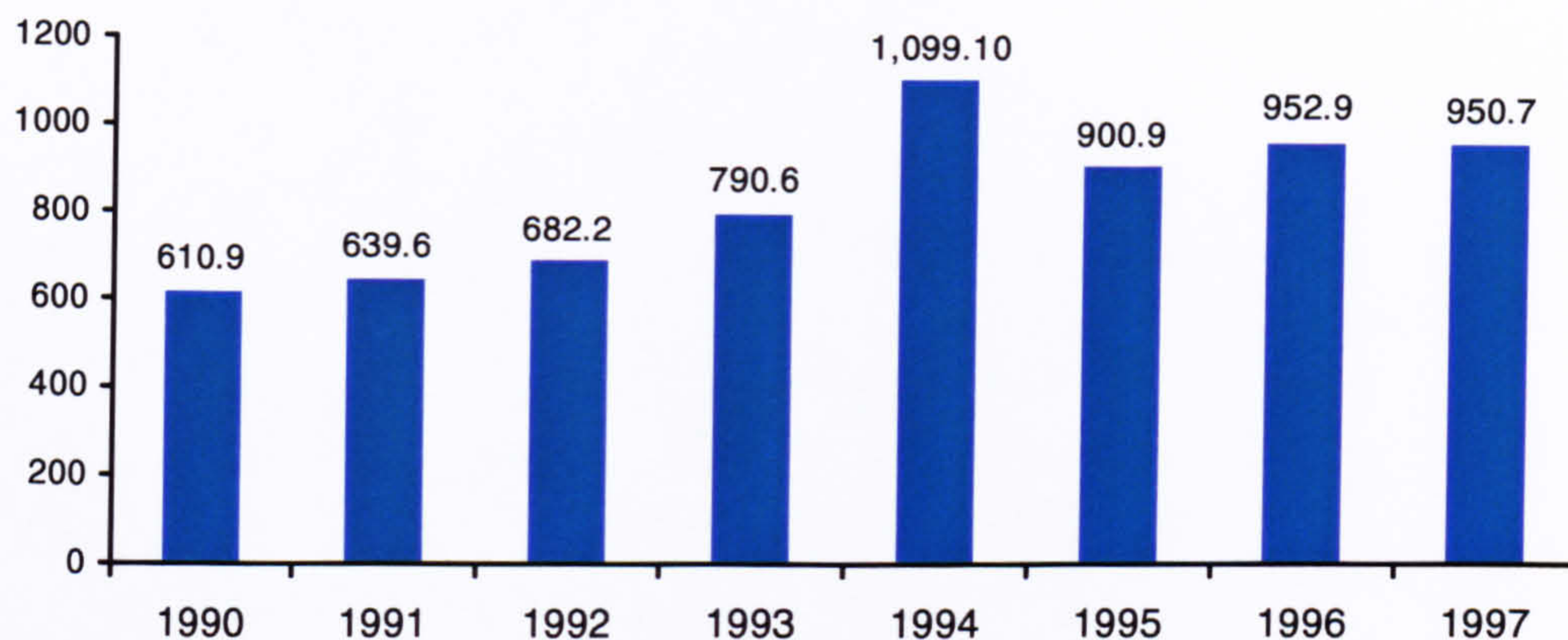


Figure 3.3 Number of infants in residential care per hundred thousand of the population aged 0–3 in Romania<sup>4</sup>

The massive international humanitarian aid proved to be a two-edged sword, contributing indirectly to the increasing trends in child institutionalisation in Romania: while aid considerably improved living conditions in institutions in the early 1990s, living conditions in families, especially those with many children, worsened considerably, making institutional childcare an attractive option for families stricken by poverty (Zamfir, 1997). Moreover, according to a World Bank report (Tobis, 2000), the humanitarian aid reinforced the belief in and reliance on the use of residential institutions, by reducing the financial strain on the authorities operating the childcare institutions. Whereas the high cost of residential institutions had been a main reason for Western countries to phase out such facilities, humanitarian aid has allowed the countries of Central and Eastern Europe to delay such a decision. Finally, humanitarian assistance had been provided only for a brief period of time: by 1995 it was decreasing throughout the region, as well as in Romania. As public attention paid to the issue of institutionalised children decreased, real government expenditure on children’s institutions also decreased, not keeping pace with inflation, thus resulting in renewed deterioration of conditions in institutions.

<sup>4</sup> Data from *TransMONEE* (Unicef, 2001b).



## **'New' problems**

Apart from widespread child poverty, after 1989 Romania experienced a series of 'new' child-related problems, such as an increasing number of child abuse reports, child prostitution and paedophilia, as well as an explosion in the number of so-called 'street children'. The street children received particular attention through television and press reports, but, according to Zamfir (1997), public perceptions of the phenomenon have been exaggerated. In Romania, street children concentrate in large cities and most of them are in Bucharest. In villages and small towns the phenomenon is almost unknown. The total number of street children has been estimated, in different reports, at somewhere between 2,500 and 3,500 (Alexandrescu, 1996). The phenomenon has been attributed both to increased family disintegration and to the declining capacity of the state to support families in difficulty, many of the children being victims of impoverished families. They soon became easy victims of child sexual abuse, attracting Western paedophiles. According to a Reuters press report,

children living at the mercy of the streets accept sexual relations with adults, Romanian and foreigners, to survive and earn a living. In exchange for a hot meal, some clothing and money [they] are an easy prey for paedophiles. Eight foreigners – from Austria, Germany, France, Britain, Turkey and the United States – have been arrested in Romania since 1996 and charged with unlawful sex with children aged from nine to 15. (Popescu, 2000)

After repeated media reports of paedophile activities involving Romanian children (Hall, 2001), Romania ratified the international agreement on child prostitution, child pornography and the sale of children in 2001 (which entered into force in January 2002).

However, child abuse in Romania is not a 'new' problem given the traditional mentality among parents that severe and frequent physical punishment might discipline children. A study made in conjunction with the World Bank and Unicef found that 9 per cent of children questioned in 1,556 families across Romania said they had been sexually abused by family members; almost half of the surveyed families also beat their children, and 38 per cent humiliated or verbally abused them (Reuters, 2000).



Also, juvenile delinquency was on the increase in Romania after 1990 (Figure 3.4); by 1994, the number of registered juvenile crimes was more than double the 1990 figure.

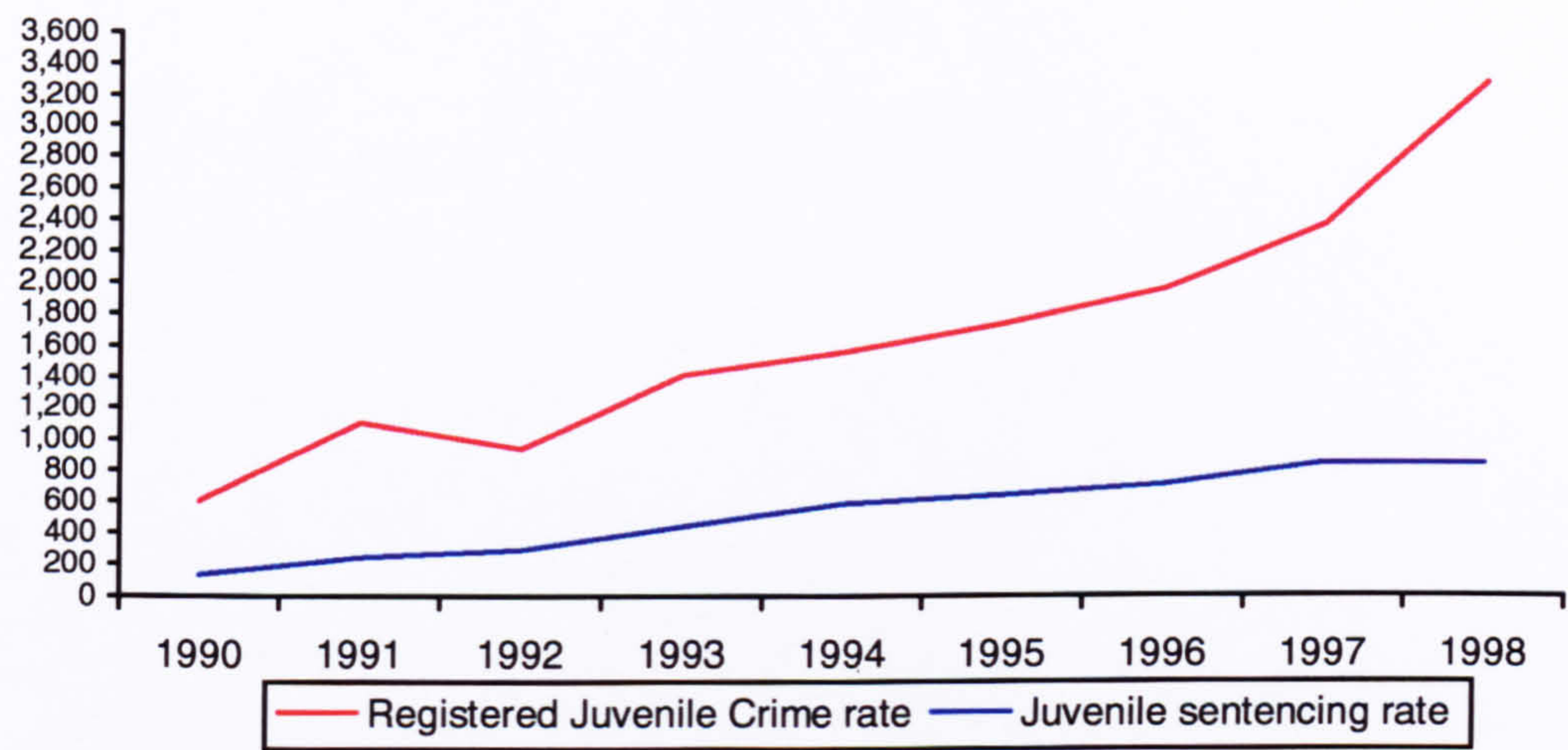


Figure 3. 4 Registered juvenile crime rate and juvenile sentencing rate in Romania 1990–8<sup>5</sup>

After 1990, the minors who committed crimes punishable under the Penal Law would be sentenced if it was proved that they acted with discernment. This led to a substantial increase in the juvenile sentencing rate, which attracted international criticism calling for the prohibition of minors’ imprisonment. Unicef, together with the Romanian Ministries of Justice and Education, developed projects promoting alternatives to imprisonment for underaged offenders (DPC and Unicef, 1997).

**The 1997 Child Welfare Reform**

Romania ratified the United Nations Convention on the Rights of the Child in 1990, but the old system of child protection based on the institutionalisation of abandoned children was inconsistent with the obligations assumed by Romania under this Convention, and therefore adjustment of internal legislation to comply with these

<sup>5</sup> Juvenile crimes/sentences per hundred thousand of the 14–17 population. Data from *TransMONEE* (Unicef, 2001b).



international documents was a necessity. Moreover, the Romanian Government became conscious of the high costs (economic and social) of the child protection system based on institutionalisation (Momeu, 2000). However, it took seven years for the Romanian authorities to take the first steps towards changing the situation.

In January 1997, Government Decision 16/1997 set up the Department for Child Protection (DCP), headed by a Secretary of State for Child Protection, with responsibilities for directing and co-ordinating child welfare services across the country. The DCP elaborated governmental strategy in the child protection field for 1997–2000. The key points included in the strategy were: the establishment of a new legislative framework in the field of child protection rights, the decentralisation of child protection activities, the restructuring of childcare institutions and development of family-type alternatives for protecting children in difficulties and promoting the increased role of civil society in child protection. Later on, three new major laws were introduced, addressing three objectives for childcare activities in Romania: the establishment of local authority services for child protection, the promotion of alternatives to child institutionalisation, and the regulation of inter-country adoption.

The first of the new laws, Government Decision 205/1997, passed the responsibility for residential childcare institutions from central government (the Ministries of Health and Education) to county councils, which were required to establish 'Directorates for the Protection of the Rights of the Child'. The Directorates' goals, specified in the legislation, were:

- the prevention of child institutionalisation
- the reintegration of children from the institutions into their birth families or placement in substitute families
- the support of families in difficulties (financial and material aid as well as counselling)
- the recruitment and assessment of potential substitute families and the establishment of professional foster carers networks

The first step in the reform consisted of changing the name of the residential institutions to 'Placement Centres' (*Centre de Plasament*). The name-change implied



a change in organisational philosophy and function. The new principles of residential care were sixfold (Lataianu, 2003):

1. To recognise and promote the rights of every child.
2. To provide for the child to grow up in a family-like atmosphere.
3. To implement an individual protection plan for every child, in which institutionalisation has a temporary character and the priority is the child's integration into a family (biological or foster/adoptive).
4. To integrate the Placement Centre into the local community as a public service.
5. To train staff professionally.
6. To reduce the number of children in residential care and to diversify the child protection services.

According to the reform's philosophy, the Placement Centre is defined as

an element in the system of public specialised services for child protection, subordinated to the local councils its main objectives being the promotion of family type childcare and provision of temporary personalised care for every resident child. (DPC, 1998)

The newly created County Directorates for the Protection of the Rights of the Child took under their control a part of the existing child residential institutions in their area and reorganised them in accordance with children's rights principles (the child's right to personal history and identity, security, intimacy, protection against any kind of abuse and exploitation, and family and social reintegration). Decisions regarding a child's placement are made by the County Commission for Child Protection, on the basis of an analysis of the child's case history, from reports by the social worker(s) from the County Directorate. On admission to the Placement Centre, the child and its parents are informed about their rights, obligations and responsibilities (e.g. the services offered, internal rules, etc.). The Placement Centre is managed by a director, who is responsible for implementing the depositions of the County Directorate and the Commission for Child Protection and for the quality of services provided to the resident children. The Placement Centre's staff consist of care personnel and 'educators', who must have backgrounds in education or social science (pedagogues, educators, etc.), as well as administrative staff (porters, cooks, etc.). The new rule



recommends that an educator should be responsible for a maximum of six children up to the age of 2 and up to ten children aged over 6. The legal recommendations stress the importance of having both male and female staff, so that children are exposed to experiences resembling real life outside the institution.

The law regarding the protection of children in difficulty (Government Decision 26/1997) states that children are in difficulty, and therefore in need of protection, if their 'development, moral or physical integrity and security' are endangered. The County Directorates for the Protection of the Rights of the Child have responsibility for identifying children who need special protection and for supporting the child's birth family accordingly. If need be, substitute family care can be provided for the child, either within another family (foster care) or in an institution, under three legal categories:

1. Placement (*plasament*), which can be made in response to a request from the child's parents or close relatives.
2. Emergency placement (*plasament de urgenta*), which lasts up to 15 days and may be used as a provisional measure in emergency cases (when children are suffering from parental abuse or neglect or when they are found without parental supervision or deserted by their parents) until the Commission for Child Protection makes a decision on the case.
3. Entrustment (*incredintare*) can be made without parental consent and is primarily used in cases when parents cannot be found or are unknown, or when they unreasonably refuse to place their children in care.

The law emphasises that priority should be given to placing a child within a family rather than in an institution, and to placing the child with a relative rather than with a non-related family. All those who take a child in placement or entrustment are entitled to receive a 'state foster care allowance', which represents approximately a fifth of the average monthly salary in Romania. The law also specifies the nature of the ongoing rights and responsibilities parents have *vis-à-vis* their children during the period of substitute care: parents retain all their rights and responsibilities if their child is in placement, including the right to contact during foster care (if the foster carer agrees, otherwise the Directorate is required to provide a suitable venue for contact). As regards the children entrusted, the parents do not have the right to maintain contact



with their child, but may be permitted to maintain 'personal links' if this is in the child's interest. The new law also introduced the role of 'professional maternal assistant', the equivalent of 'foster carer', who receives a monthly salary for providing foster care for the child. However, members of the child's extended family are not eligible for this status.

The new child welfare laws also paid specific attention to adoption. Government Decision 25/1997 was designed to demonstrate conformity with the 1993 Hague Convention on Protection of Children and Co-operation in respect of Inter-country Adoptions, which Romania ratified in 1994. The law states that adoption is only to be undertaken 'to protect the superior interests of the child' and reasserts the priority of domestic adoptions over inter-country adoptions and sets out new requirements and procedures under which inter-country adoption can be arranged. The Romanian Adoption Committee (RAC), subordinated to the Department of Child Protection, is charged with responsibility for safeguarding the implementation of the Hague Convention provisions, having two main functions (Dickens, 2002):

1. To accredit private, non-profit agencies which undertake adoptions; the new law specifies that international agencies can work in Romania only if they are represented by an accredited Romanian agency.
2. To act as a 'clearing house' for information about children available for adoption (only children registered with the Committee can be adopted) as well as information about foreign families wishing to adopt.

While these measures improved the regulation of inter-country adoption and limited its extent in favour of domestic adoptions, paradoxically, an increase in inter-country adoption from Romania occurred after the enforcement of the new adoption law. In 1996 there were 1,315 inter-country and 1,005 domestic adoptions, and by 1998 the number of inter-country adoptions almost doubled (to 2,290) and the number of domestic adoptions fell by 10 per cent (Dickens, 2002). Moreover, the number of accredited agencies for inter-country adoption reached an impressive 100 (Hague Conference, 2000). The underlying reasons for the high magnitude of inter-country adoptions are to be found in the wider policy and practice contexts. For example, following the 1997 legislation, the Romanian Adoption Committee allocates children to various adoption agencies in accordance with a 'points system'. The agencies earn



points by contributing to the development of domestic child protection services: the more points an agency has, more children will be allocated to it for inter-country adoptions. This practice of requiring 'donations' for domestic child welfare services in exchange of providing children for inter-country adoption proved to be a highly controversial issue (Dickens, 2002), and in 2001 it was abolished and replaced with a system based on 'co-operation agreements' between the inter-country adoption agencies and local authorities. The new adoption law emphasises the child protection aspects of adoption by providing 90 days for initial assessment and preparation of the adoptive parents, to ensure that the prospective adopters have 'the material conditions and moral guarantees for harmonious development of the child' (Dickens, 1999b). Moreover, there is a 'trial period' of at least three months, known as 'entrustment with a view to adoption' (*incredintare in vederea adoptiei*), during which the adoptive family is supervised by the social services, which also have a duty to follow the progress of the adoption for at least two years, and the obligation adoptive parents have to tell the child about the adoption is assisted also by local authorities. The legislation also builds on the principles of providing a sound framework for hearing the views of the child: in both adoption and foster care cases the consent of a child aged 10 or over is required, and the child's views are required to be taken into consideration whatever its age.

Last but not least, the 1997 child welfare legislation promotes a new perspective regarding the role of the state in childcare provisions, aiming to enhance the roles of community and non-governmental organisations in the childcare field. Community responsibility for children in difficulty falls on individuals and families, beginning with members of the child's extended family. Local authorities are responsible for recruiting, assessing, training and supporting foster carers. A truly indigenous and effective non-governmental sector in the child protection field is developing slowly, given the difficult economic situation, which makes in-country funding extremely difficult to obtain (Dickens, 2000). But there are many organisations associated with foreign non-governmental organisations active in the field.

### **Progress and difficulties in implementing the child welfare reform**

The reform of the child protection system, as with any other radical reform which took place in Romania during the transition period, proved to be a long and difficult



process, which could not be accomplished overnight. The new system soon started to show results, and by mid-1999 Romania was protecting about 30 per cent more children than in 1997, using a budget reduced by almost half (Momeu, 2000). Important changes took place as a consequence of the new child welfare legislation, but the implementation of all these changes proved to be particularly difficult in a climate of increasing hardship for both families and local authorities services. Apart from the positive changes, a number of difficulties slowed the pace of the Romanian child welfare reform.

First of all, the new laws were introduced in summer 1997 as Government 'Emergency Orders' (*Ordonante de urgenta*), which are a form of government decree having the force of the law but still requiring debate and approval by Parliament before they are fully ratified. In the case of the new child welfare laws, this occurred only in spring 1998, which inevitably slowed the pace of the reform (Dickens, 1999a).

Decentralising responsibilities and transferring residential institutions from different government ministries to the local authorities have not totally solved the problem of institutionalised children. During 1999, the economic crisis, combined with the lack of financial backup from the central budget, seriously affected the capacity of some local authorities to finance any public services, including child protection (Momeu, 2000). As the main source of revenue at county level was income tax, the most affected counties were, obviously, the poorest ones. Owing to a lack of assumed responsibilities on the part of the local authorities and mayors, even though during 1997–8 funds were still allocated from the central budget to the county councils, especially for child welfare activities, these budgets for Placement Centres were not entirely used for child protection purposes. Moreover, most childcare institutions brought with them huge debts that have become the responsibility of the county authorities (Mekkaovi, 2000).

The number of trained staff working in the child protection field has remained insufficient owing to the limited training opportunities on the one hand and low salaries on the other. Moreover, given the increased economic uncertainty in Romania, the staff already working in Placement Centres were resistant to change, not understanding fully the philosophy behind the reform: they feared they could lose their jobs if the number of children in care decreased. Theoretically, some childcare



staff may be suitable to become 'professional maternal assistants', but for the large majority this is not an attractive or feasible option since they may, for example, not have room to take a child into their homes (Dickens and Serghi, 2000). Also, there were no clear criteria for evaluating the activity of staff and managers and, most importantly, no clear sanctions for unsatisfactory cases. As a result, cases of poor-quality care in childcare institutions continued. The use of foster care as an alternative to residential care for children deprived of being brought up in their own families increased considerably after the implementation of the new legislation (from 10,500 children in foster care in 1995 to 16,600 in 1998), but not as much as expected, because it takes time to recruit and train potential 'professional maternal assistants', especially since in the Romanian cultural context this form of care had not been practised or accepted previously (Triseliotis, 1994). Overall, there is still a great reluctance on the part of many potential foster carers or adopters to take on responsibility for a child in a difficult economic climate.

After the crisis became evident, the Romanian Government decided, towards the end of 1999, to intervene with central funds. Until then, the Department for Child Protection had only a political and strategic role. Through an Emergency Order (192/1999) the National Agency for the Protection of Children's Rights was set up as the single governmental and central structure with strategic, regulatory, administrative and representative roles in respect of child protection activities (Mekkaovi, 2000). However, an important part in the measures taken as a follow-up to the 1997 child welfare reform in Romania was played by international political organisations, especially the EU.

### **The Role of International Factors in the 1997 Romanian Child Welfare Reform**

The 1997 Romanian child welfare reform must also be understood in the context of Romania's foreign policy, which since the mid-1990s has had two main objectives: achieving membership of the European Union (EU), and accession to the North Atlantic Treaty Organisation (NATO) (Phinnemore, 2001). In this context, since the 1989 Revolution Romanian authorities and politicians have tried to re-establish the country's position in the international community and to change the image Romania had as the country of abandoned children, an image which brought great shame for Romanians (Lataianu, 2003). The strength of this motivation is reflected in the prompt



ratification of the United Nations Convention on the Rights of the Child in 1990 as well as other important international regulations concerning child protection. Another important external factor began to exert strong pressure on Romania to deal with its institutionalised children: the European Union, as an international organisation to which Romania intends to adhere. In 1993 Romania signed the Association Agreement with the EU, which came into force in 1995. This agreement included, among other conditions for membership, certain conditions regarding human rights protection. Considering the living conditions of children in public care as a human rights issue, the European Commission has paid special attention to this topic in all the reports on Romania's progress in its application for EU membership. Considering the issue 'a matter of concern', in 1997 the EU spent approximately 70 million ECU to improve the situation of children in Romanian institutions and to support the child welfare reform (EC Commission, 1997). The 1998 accession reports applauded the Romanian child welfare reform and considered it 'a positive change [...] that started to bear fruit' (EC Commission, 1998, p. 10). By 1999, owing to increasingly difficult economic conditions in the country, accentuated by difficulties in implementing the reform (caused mainly by decentralised financial resources and administrative problems) the number of children in institutional care has been reported to be on the increase, according to research provided by EU experts (Lataianu, 2003), and living conditions in childcare institutions were deteriorating (following inadequate repartitions of funds). Consequently, the 1999 EC Commission's Report on Romania acknowledged the situation of institutionalised children as 'unacceptable', criticising the lack of properly trained staff as well as the reform's dependence on international assistance. Therefore, the EU recommended that the Romanian Government should give top priority to child protection, and assume responsibility for the welfare of children living in institutions by providing budgetary resources for maintaining acceptable standards of care. It also required the setting up of a unique, central authority for administering child protection activities, which should control and supervise all types of residential institutions, and it provided emergency assistance for this 'new reform', offering 40 million Euros in the form of help for institutionalised children.

Fearing that it could fall from grace in the eyes of the EU, in less than two months following the 1999 EC Report on Romania the Romanian Government adopted a new



Emergency Ordinance (192/1999) setting up the National Agency for Protection of the Child's Rights (NAPCR) under the direct co-ordination of the Prime Minister. The Agency took over the functions of the Department for Child Protection, plus the overall central administration and supervision of the child residential institutions. However, local authorities resisted the transfer of child residential institutions to the Agency because they had to ensure the necessary funds for these establishments from local budgets. The Prime Minister became personally involved in resolving the issue and, in order to escape pressure from the EU, exerted explicit pressure on officials (threats of sackings) if they did not finalise the transfer to the Agency's authority (Lataianu, 2003). As a result, by July 2000 the majority of child residential institutions were transferred into the Agency's Control. The new Agency also elaborated the National Strategy Concerning Child Welfare for the period 2000–3, having as immediate future goals the following (Lataianu, 2003):

- restructuring of the already existing services and childcare institutions towards alternatives to residential care
- improvement and harmonisation of the legal framework of child welfare
- development of a national system for monitoring the situation of children in difficulty or at risk as well as the quality of the services providing child protection
- supporting the development of the local authorities in providing services for children
- developing and improving the human resources involved in the child welfare system
- promoting the participation of civil society in the development of the national system of child welfare

In July 2000, the Agency provided funds to local authorities for providing proper conditions in child residential institutions, through the Government's 'Programme for Supporting the Activity of the Services for Caring for Institutionalised Children'. The Romanian Prime Minister, together with representatives from the EU, approved the 'White Book of Child Protection', which established as immediate objectives support for families in difficulties by increasing parental responsibilities in bringing up children and discouraging abandonment, the transparency of the adoption system, and



new mechanisms for raising funds from the EU programmes, the World Bank and Unicef (Lataianu, 2003). As a consequence of these measures, by 2000 the total number of children in residential care decreased, with more being cared for in alternative family-type care (Figure 3.5) and foster families.

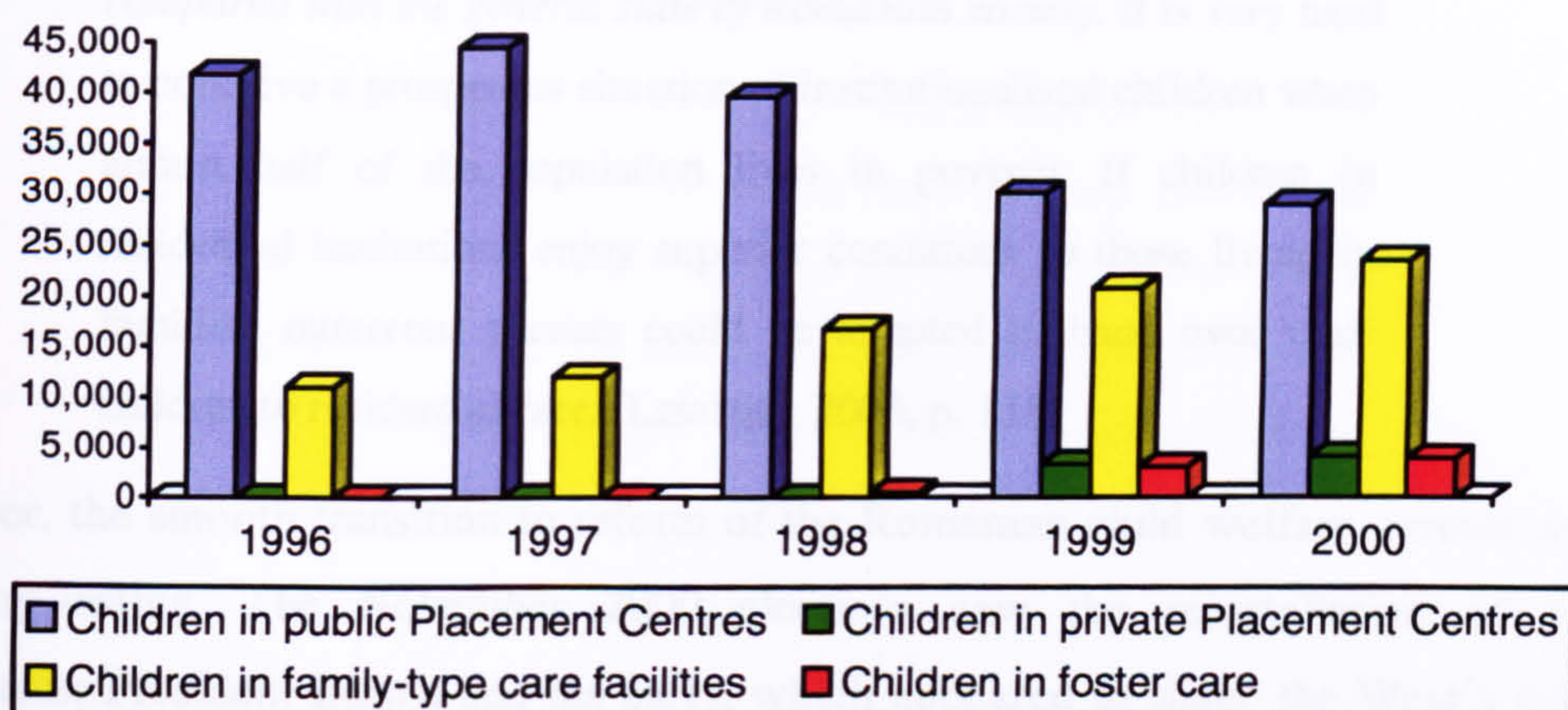


Figure 3.5 Number of children in residential care, family-type care and foster care between 1996 and 2000<sup>6</sup>

The 2000 EC Report on Romania was not as negative as the previous one (EC Commission, 2000). It acknowledged the establishment of the National Agency for the Protection of Children's Rights, but continued to criticise the heavy dependence of the childcare services on international assistance and expressed concerns about adoption practices in Romania, considering that Romanian legislation on adoption 'allows considerations other than the best interest of the child' (EC Commission, 2000, p. 20). The Romanian officials of the National Agency for Protection of Children's Rights agreed with the evaluations, but expressed dissatisfaction with some of its negative remarks, especially in the 1999 EC Report on Romania:

[...] The [EU] experts exaggerated the evaluation. [...] Coming from Western European countries, they probably arrived in Romania with certain expectations and an idea about how childcare

<sup>6</sup> Data from Lataianu, 2003.



residential institutions should look like. [...] The exaggeration results from making a false comparison. It is obvious that comparison between the Romanian childcare institutions and those in EU countries shows a gap. In these conditions, the real progress made by Romania in this field becomes almost invisible. *The situation of children in Romanian childcare institutions should be compared with the general state of Romanian society.* It is very hard to conceive a prosperous situation of institutionalised children when almost half of the population lives in poverty. If children in residential institutions enjoy superior conditions to those living in families, numerous parents could be tempted to hand over their children to residential care. (Lataianu, 2003, p. 118)

However, the smooth transition to reform of the Romanian child welfare system was not long-lasting. The November 2000 elections saw the reinstallation of ex-Communist President Iliescu and his party, which appeared to shake the West's trust in Romania's path towards progress. Renewed charges of trafficking in children and corruption in reforming the Romanian childcare system (*Newsnight*, BBC2, 2 March 2000) once again brought Romanian children and their situation to international attention. The European Parliament's Rapporteur for Romania, Baroness Emma Nicholson of Winterbourne, MEP<sup>7</sup> (appointed Rapporteur for Romania in September 1999 and confirmed in November 2000), asserted that Romania's childcare system was 'still in crisis'. In May 2001 she released news in the *Financial Times* (McAleer, 2001) about a draft report on Romania's membership application to the EU in which she criticised the state of child welfare in Romania and clearly linked this situation with the future of Romania's integration within the EU (recommending the European Parliament to stop accession negotiations with Romania). In the report, Baroness Nicholson required the Romanian Government to initiate a Children's Act urgently, to suspend international adoptions for at least two years, to revise the 1990 Romanian translation of the UN Convention of the Rights of the Child, and 'to amend all

---

<sup>7</sup> Baroness Emma Nicholson, elected Member of the European Parliament for the South East region of England in June 1999, serves, among others, as Rapporteur for Romania and Substitute Member of the Joint Parliamentary Committee for Romania. She also served as a Member of the House of Commons from 1987 to 1997. She was Vice-Chairman of the Conservative Party (1983-7) and was created a Life Peer in 1997 when she took the Liberal Democrat Whip. Recently (January 2002) she has been appointed as first Special Envoy for the World Health Organisation to work on peace, health and development in the WHO's Eastern Mediterranean region ([www.emmanicholson.net](http://www.emmanicholson.net)).



mistranslations ... thus making a correct ratification for the first time'. Moreover, she condemned the 1997 adoption law as 'creating a legal framework for child trafficking worldwide' (Nicholson, 2001).

Again, the Report (officially published in July 2001) was not well-received by the Romanian authorities, which accused Baroness Nicholson of 'double standards' and of battling to preserve her own personal image:

It upsets me that this serious problem, which is ours and we have to deal with it, had become in the last 10 years an image game, build and played abroad by certain interests groups. [...] These interest groups do not care about the Romanian institutionalised children but manipulatively use this issue for personal interests. (Adrian Nastase, Romanian Prime Minister, in *Adevărul*, 25 May 2001)

The report is exaggerated. [...] Mrs Nicholson comes to Romania, she makes positive statements here and after 2–3 weeks she writes such a report. It is most probably a battle for image. (Nicolae Vacaroiu, President of the Senat, in *Adevărul*, 25 May 2001)

Though obviously frustrated, and fearing the possibility of being stuck in a 'grey zone' in their relationship with the EU (Phinnemore, 2001), the Romanian authorities took on board the EU recommendations and established, through Government Decision 12/2001, the new National Authority for Child Protection and Adoption (ANPCA, 2001), a central governmental institution set up to co-ordinate all the activities of child protection (including adoption, which until then had been co-ordinated by the Romanian Committee for Adoption). In May 2001 the Romanian Government adopted a revised strategy on the Protection of Children in Need for 2001–4 and imposed a moratorium on inter-country adoptions until new legislation could be drafted. An international, multi-disciplinary 'High Level Group' to support and monitor the reform was set up in June 2001, including the European Parliament's Rapporteur on Romania (who took the initiative in establishing the group) and representatives of the European Commission, the World Bank, Unicef, the World Health Organisation and the Romanian Government.

Despite initial reluctance on the part of the Romanian authorities, Baroness Nicholson's draft report proved to be a 'wake-up call' urging Romanian authorities 'to take the problem of institutionalised children seriously' and 'to deliver actions



rather than promises'. The Romanian Government issued an official document, *The Evolution of the Reform in the Field of Child Protection between December 2000 and July 2001*, in which the progress of the reform so far is made clear, the areas that need urgent intervention highlighted and a detailed plan for achieving these put forward (ANPCA, 2001). Consequently, the 2002 EC Report on Romania praises 'the significant progress with the reform of child protection', acknowledging that 'the National Authority for Child Protection and Adoption is a professional body with a good management capacity' (EC Commission, 2002, pp. 28–9). Recently, the National Authority for Child Protection and Adoption published its priorities for 2003, which include three main objectives, with specific aims and clear deadlines ([www.copii.ro](http://www.copii.ro)). Among those priorities is the adoption of new legislation in the child protection field, consisting of four laws: 'The law concerning Child's Rights', 'The law concerning adoption', 'The law regarding the organisation, functioning and funding of the National Authority for Protection of Child's Rights', and 'The law regarding the establishment, organisation and functioning of the Romanian Office for Adoption'. These law projects were opened to public debate through publication on the Authority's website (ANPCA, 2001).

Recently, Baroness Nicholson has applauded the continued progress in this domain, and she continues to work closely with the Romanian Government to establish a proper professional and administrative child protection system (Nicholson, 2002). In return, her 'substantial influence in stimulating the progress' and 'outstanding contribution during Romania's turbulent period of transition as a strong candidate for membership of the EU' have been fully appreciated by the Romanian authorities.<sup>8</sup>

However, foreign involvement in the issue of institutionalised children has not been unambiguously beneficial for Romania. Apart from the IMF and World Bank transition policies (which contributed to raising poverty and cutbacks in family support in Romania in early 1990s) and the inevitable tensions between different models and approaches to social work practice (which were enforced through the work of a variety of aid agencies, trainers and consultants), the most controversial effect on child welfare in Romania was that of the complex international political

---

<sup>8</sup> In July 2002, one of Romania's leading academic institution rewarded Baroness Emma Nicholson for what they describe as her 'great efforts to open up a new way for Romania' by granting her the title of Doctor Honoris Causa from the 'Victor Babes' University of Medicine and Pharmacy of Timisoara ([www.emmanicholson.net](http://www.emmanicholson.net)).



dimension attached to the issue of inter-country adoptions (Dickens, 2002). Some sectors of the international community, especially the EU, repeatedly called on Romania to control its international adoption flow. Yet there is also a large international demand for children for inter-country adoptions, particularly from the USA, the world's major recipient country (Selman, 2000). Romania has been a significant source of children for US adoption: for example, in 1999 almost half of all children leaving Romania for inter-country adoptions were taken by US families (Dickens, 2002). Given the extended financial assistance provided by US agencies to Romania in support of the economic transition, it is obvious that Romania does not want to alienate the USA by stopping inter-country adoptions.

The major aims of Romanian foreign policy since 1989 have been to rebuild the country's international status and, in particular, to achieve closer links with Europe and the USA by joining both EU and NATO. In respect of the international adoption issue, Romania was receiving mixed messages: while the EU was the force behind Romania's 2001 moratorium on inter-country adoptions, US lobby groups have allegedly been pushing senators to link the reopening of adoptions to NATO membership and further US financial aid:

The European Union [...] pressed Romania to temporarily ban foreign adoptions. Reports now indicate Romania's NATO aspirations could be affected. U. S. families – eager to adopt Romanian children but prohibited by the [2001] moratorium from doing so – are lobbying politicians in Washington to make the adoption issue a NATO issue. [...] The 'Financial Times' reported on the existence of a note from US officials to the European Commission telling the commission that Romania must resume the international adoptions. The note [...] said if the moratorium continues, it could prompt 'questions' into Romania's NATO bid by members of the US Congress. The report said the adoptions ban caused concern in the US, given the large number of American families seeking to adopt Romanian children. (Eugen Tomiuc for Radio Free Europe, 15 April 2001)

The Romanian authorities were left feeling like 'grass under the feet of two elephants' (Eve Conant in *Newsweek Magazine*, 8 November 2002). An aggressive campaign was directed at the Romanian authorities by the US adoption agencies:



The current plight of thousands of Romanian orphans who are 'stuck in the pipeline' (i.e. not being released by Romania to their American, British, Canadian, French, etc.) adoptive homes for, strictly, self-serving political reasons by their Byzantine Romanian government. This appalling situation is occurring as we speak in Romania and affects thousands of desperate Romanian orphans who are not being released due to strictly political (non-humanitarian) grounds. [...] Collin Powell, himself, has recently met with Prime Minister Nastase and is trying to assist us with the release of these children. Most of the networks and publications as well as news shows such as: '20/20', 'Dateline' and '60 Minutes' have aired segments regarding this atrocious situation [...]. Considering the upcoming Holiday season and its generous spirit [...] your help is urgently needed. (Laskin, 2001)

The press coverage and lobby discourse included a virulent attack aimed personally at Baroness Nicholson:

Romania: orphan-adoption crisis and humanitarian catastrophe continues! Over 5,000 ready-to-go-home-for-Christmas Romanian orphans, as promised at the White House and in the media by Prime Minister Adrian Nastase [...] are again blocked for at least 3 more months at the directives of Emma (Baroness Cruella) Nicholson of Winterbourne, after her visit to Bucharest, Monday, November, 19, 2001. (Livianu, 2001)

Fortunately, through subtle diplomatic efforts from both Romania and the EU, the moratorium on inter-country adoptions was maintained and will be in force until Romania adopts the new legislation. Romania joined NATO in late 2002 and hopes to have joined the EU by 2007. Recent media reports (e.g. by Leidig and Booth in *The Sunday Telegraph*, 1 June 2003) suggest that Romania is to lift its recent ban on international adoptions by the end of 2003, once the new law on adoption in Romania, which is reformed in line with the UN Convention on the Right of the Child, is ratified by Parliament. Private adoption agencies will be outlawed, adoptions will go through a state-run body, the Romanian Office for Adoption, and allowing overseas adoption will be a last resort, after every effort has been made to keep a child with his or her parents or extended family or with Romanian foster parents. Romania's change



of heart is due largely to pressure from America, Israel and UK, where 'high numbers of wealthy childless couples are seeking to adopt'. However, there are warnings that the new safeguards would have to be strictly enforced to prevent further abuses.

### **Caught Between Legacies and Prospects: Barriers to Change in the Romanian Child Welfare System**

One of the most visible legacies of the Communist regime in Romania is, undoubtedly, an over-reliance on residential institutions for caring for children whose families were and still are confronted with difficulties. This legacy has created various obstacles which have so far constrained the development of an efficient child welfare system: the deteriorated socio-economic conditions resulting from the transition to a market economy, the absence of a social welfare infrastructure (including qualified staff), and the absence of a coherent and up-to-date legislative framework. As political change opened windows on the rest of the world, Western help was offered to improve and reform the childcare system in Romania. However, numerous difficulties inhibited major changes, and so, for a decade after the fall of Communism, Romania was fighting its 'institutionalised children crisis', having gone through repeated failed reforms of the childcare system. It is encouraging that in the last two years some coherent measures have been implemented, showing that the Romanian child welfare system is finally launched on the right track.

One of the most insidious factors that contributed to the maintenance of the residential childcare system and was an important obstacle to change is Romanian public opinion and attitudes towards child residential institutions. Many Romanians, as well as most people in the former Communist Eastern European countries, were made to believe that residential institutions are valuable resources (in fact, the only resources) provided by the state to assist vulnerable individuals (Tobis, 2000). For example, in a survey conducted in 2001 exploring Romanian public perception of the issues surrounding children in state care (ANPCA, 2002), the overwhelming majority of respondents admitted that they were more concerned about the well-being of their own children than other social problems such as that of children in care. Even though these children were regarded with compassion, the general lack of interest in the issue was obvious. The general perception was that children living in institutions have all their material needs satisfied but need more affection. Almost all the respondents saw,



as the only solution to child abandonment and child institutionalisation, an overall improvement in living standards in Romania and the eradication of poverty.

Slowly, this attitude is changing. In Romania, this process has been helped by an intensive public information campaign regarding the prevention of child abandonment and child institutionalisation, under the headline 'Children's Home is not at home' [*Casa de copii nu e acasa*] launched in November 2001 (ANPCA, 2002). The campaign targets the wider public, professionals, and families and individuals at risk of child abandonment, and aims to promote community involvement in the process of finding alternative solutions to institutional childcare.



## Chapter 4

# The Developmental Adjustment of Romanian 'Orphans' Adopted Internationally

*Scientific explanation is a matter of strategic focusing and ignoring.*

*(Peterson et al., 1993, p. 19)*

Initially, the foreign media were enthusiastic about the adoption of Romanian children and played an important role in promoting it, but in 1993–4 a number of reports were published suggesting that some of the children adopted from Romania were having problems and that the adoptive parents were not coping. These media accounts were mostly negative, and some researchers (Groza *et al.*, 1999) later warned that media reports are not to be trusted, given their tendency to sensationalism and exaggeration. For example, a 'conspiracy' was reported in the US media, according to which former Communist countries (from which children were internationally adopted after 1990, including Romania) collectively conspired 'to dump their duff children on gullible America' (Groza *et al.*, 1999, p. 147). Moreover, some parents of adopted Romanian children who faced real difficulties felt that 'the more their situation is publicised, the more it gets trivialised' (Groza *et al.*, 1999, p. 145), making them reluctant to speak out for fear of distortion. Some researchers and practitioners in the area of child development seized the opportunity to study rigorously the 'natural experiment' created by the adoption of Romanian children into foreign families. This enabled them to address developmental issues such as the impact of a previously deprived upbringing on subsequent child development following rescue through adoption. By the end of the 1990s numerous articles were published in international academic journals about the different developmental outcomes (deficiencies as well as competencies) of Romanian children of various ages who had been adopted all over the world. Studies of internationally adopted children are not new; they were carried out over the last two decades in those countries which were the major recipients of such children (e.g. the USA, The Netherlands, Sweden, Norway). The originality of the studies of Romanian children adopted abroad lies in the fact that references to



'Romanian orphans' seem to attract the attention of numerous segments of the international research community. There appears to be a common research population scattered over the Western world, whose main characteristic is that they were rescued from the 'terrible' Romanian orphanages, thus being victims of 'severe global early privation' (Rutter *et al.*, 1998). Two main theoretical approaches converge as being relevant to studies conducted on Romanian children adopted abroad: the impact of institutional rearing on subsequent child development, and the outcomes of international adoptions. These are addressed in turn.

## **Institutional Rearing and Child Development**

Research on the development of institutionalised infants and children has attracted special attention over the second half of the last century. Orphanages functioned for centuries as a solution for 'tidying up' the problem of abandoned infants (by hiding them from public view). Well into the twentieth century, in major Western countries, placement of an infant in an orphanage was equivalent to a death sentence (mortality rates exceeding 90% during the first years of life: Johnson, 2002). Consequently, it was only in the late 1930s and 1940s (after improvements in sanitation and medical care in these institutions) that concerns about the development of children living in orphanages were raised. Issues of 'hospitalism' (Spitz, 1945, 1946 cited in Clarke and Clarke, 1976) and severe developmental delays (Goldfarb, 1943 cited in Clarke and Clarke, 1976) became linked to the experience of institutional rearing in infancy. The post-war years saw the emergence of the concept of 'maternal deprivation' (Bowlby, 1951), with claims being made about the irreparable consequences of, and the subsequent mental health difficulties caused by, an interrupted mother-child relationship in infancy. Studies of institutionalised children (Dennis, 1976; Skeels, 1966 cited in Clarke and Clarke, 1976) seemed to support these claims and documented the prevalence of chronic impairments in multiple areas of functioning, unless the children were placed in a family environment during infancy. The belief that early experiences, and especially early separation from the mother or early lack of mothering, have permanent and damaging effects rapidly became widespread. One influential application of this theory is the fact that it was followed by a marked reduction in the use of residential care for children, especially in early years of life, and other alternatives (foster care or adoption) were promoted (Tizard, 1977).



In the 1970s, however, new studies began to challenge both the concept of maternal deprivation and the irreversibility of the effects induced by early deprivation experiences. The hypothesis of 'maternal deprivation' has been extensively examined by Rutter (1972) in a book entitled *Maternal Deprivation Reassessed*, which argues that the nature of the separation experience and the range of associated psychosocial risks are important, and not the separation *per se*. Moreover, studies of the childcare institutions themselves (King *et al.*, 1971) showed that childcare institutions vary greatly in the quality of care they provided, and have different impacts on child outcomes.

Evidence contrary to the hypothesised irreversible damaging effect of maternal deprivation came from a series of studies from both the UK and America. These studies have been comprehensively reviewed by Clarke and Clarke (1976). Particularly challenging evidence emerged from case studies of children rescued from extremely severe adversities, such as children who had been isolated, neglected and even abused for prolonged periods of time (Davis, 1976; Hall, 1985; Koluchova, 1976a, b; Skuse, 1984a, b, 1985; Thompson, 1986). These studies showed that if rescue is followed by strong intervention and if there is an absence of congenital damage, prospects of recovery are very positive (Clarke and Clarke, 1976, 2000).

At the time the orphanages were closing in the UK, giving way to foster care and adoption, Tizard and colleagues (Hodges and Tizard, 1989a, b; Tizard, 1977; Tizard and Hodges, 1978; Tizard and Rees, 1974, 1975) initiated a longitudinal study of the developmental outcomes of institutionalised children who were, at various ages, placed in foster care, adopted, or reunited with their birth families. The important feature of this research is that the children in the study were living in good-quality institutions, which provided them not only with good physical care, but also with a stimulating environment, even though it was impersonal: they were cared for by a large number of staff, who made deliberate attempts to minimise emotional involvement between themselves and the children. At the age of two (Tizard, 1977), these children showed no evidence of gross retardation or disturbance, which used to be described in children in poor-quality institutions, just a mild language delay. However, the major difference between these children and home-reared children was to be seen in their relationships with adults: institutionalised children were more fearful of strangers and more inclined to cling to the large number of adults once they



had got to know them. The follow-up study at age four and a half allowed comparison between children who had been adopted or restored to their birth mothers and those who remained in institutional care (Tizard and Rees, 1974). The authors concluded that as far as cognitive development is concerned, 'institutional life is clearly not inevitably depriving' (p. 98), as cognitive retardation was reversed even for institutionalised children between the ages of 2 and 4. Children restored to their mothers at an average age of three and a half had lower IQs, although not significantly so, than those in continuous institutional care. The explanation given for this was that 'in exchange for acquiring a mother they had lost some environmental advantages' (p. 98), as most of the family environments were poorer than those in the institutions. The adopted children were not only more advanced intellectually, but also friendlier and more co-operative than institutionalised children. Moreover, the institutionalised children had different, but no more frequent, problems from those of the control group of working-class children, and the adopted children had significantly fewer problems than the institutionalised children (Tizard and Rees, 1975). However, a minority of both the institutionalised and ex-institutionalised children were 'over-friendly' to strangers and indiscriminately affectionate, and most of the adopted, but few of the institutionalised, children were believed to have formed close attachment relationships.

According to parents' reports at age 8 (Tizard and Hodges, 1978), the ex-institutionalised children did not display more problems than the comparison group, but teachers found some behavioural differences (attention-seeking behaviour, restlessness, disobedience and poor peer relationships) between these children and their classmates. The adopted children had the highest IQs and reading achievements, and this was related to the higher social class of adoptive parents. By the age of 16 (Hodges and Tizard, 1989a), no effect of early institutionalisation was found on IQ, which depended largely on the type of family placement (adoption, foster care or restoration to birth family), with lower levels in adolescents who experienced continued institutional care or those in foster care. Behavioural and emotional difficulties (such as antisocial behaviour or apathy) were more common in the groups of ex-institutionalised adolescents (particularly in those restored to birth mothers) than in the comparison group. However, early institutional rearing did not seem to prevent the adolescents from forming strong and lasting attachments to parents once they were



placed in families, and these attachments were more common in adopted adolescents than in those restored to their birth mother (Hodges and Tizard, 1989b). But the ex-institutionalised adolescents were more oriented towards adult attention and had more difficulties with peers and fewer close relationships than the non-institutionalised adolescents used as comparison. This study, unique in its comprehensive longitudinal assessment of the outcome of institutional rearing on child and adolescent development, not only showed that adoption could reverse some of the deficits associated with early childhood institutionalisation, but also pointed out that adoptive children were faring as well as, and in some areas better than, those restored to their birth families. It also indicates that there are some long-term effects of institutionalisation, especially in the area of social and family relationships.

Even though caring for children and infants in large institutions has diminished greatly in most Western countries, studies of the outcomes of children who are 'looked after' in substitute care arrangements (small children's homes, foster placement, etc.) continue to be reported. They tend to illustrate a higher rate of emotional, social, behavioural and educational problems for these children overall compared with the general population (Bohman and Sigvardsson, 1990; Brand and Brinich, 1999; Hill and Shaw, 1998; Minty, 1999, 2000; Morgan, 1998; Roy *et al.*, 2000; Rutter, 2000a; Triseliotis, 2002; Triseliotis and Hill, 1990). However, there is considerable heterogeneity in these findings and studies have shown that these children also come from families with parents with multiple problems in parenting and diverse psychopathology (Quinton and Rutter, 1984a, b; Rutter and Madge, 1976; Wolkind and Rutter, 1973). When considering the adjustment of children in various substitute-care settings, therefore, it is important to take the following factors into consideration:

1. The biological background of these children, which may include genetic vulnerabilities.
2. The experiences of the children before entering care, as they are likely to have experienced adverse environments (e.g. poor or inadequate parenting, family conflict).
3. The experience of substitute care (such as residential or foster care or adoption).



Nevertheless, the practice of institutional child rearing in the traditional sense has continued to exist in many countries, especially in those less able to provide the more desirable alternatives of children being raised in families. Reports have been published about children growing up in long-term residential care in Greece (Vorria *et al.*, 1998a, b), Spain (Munoz-Hoyos *et al.*, 2001), Malta (Baron *et al.*, 2001), India (Taneja *et al.*, 2002), China (Beckett and Thoburn, 2002), Russia (Lvoff *et al.*, 2000; Sloutsky, 1997), Iraqi Kurdistan (Ahmad and Mohamad, 1996) and war-torn Third World countries such as Eritrea (Wolff and Fesseha, 1998, 1999; Wolff *et al.*, 1995). The topic of 'institutional deprivation and child rearing' was revived in the 1990s by the opportunity to study children who grew up in impoverished institutions in Eastern European countries, particularly in Romania, and who were subsequently adopted by Western couples after the fall of the Communist regimes.

## **Studies of Inter-country Adopted Children**

Research interest in international adoption has grown, particularly during recent decades, as the phenomenon of inter-country adoption has increased globally. This increase marks a shift from what used to be a humanitarian response to children who were abandoned towards one which reflects an increased demand from childless couples to obtain a child. As such, international adoption provides a service to childless couples (Hoksbergen, 2000; Tizard, 1991; Triseliotis, 2000; Triseliotis *et al.*, 1997). The debate about inter-country adoption involves arguments for and against. It encompasses the ethical concerns about removing children from their home country and culture, referring to international adoption as 'the ultimate form of imperialism: wealthy nations exploiting impoverished and distressed nations by taking away their children' (Serbin, 1997, p. 85). Therefore, recent studies (Saclier, 2000) have paid attention to the issues of a child's best interests and to international co-operation and to ensuring safeguards in relation to inter-country adoptions (as reflected in the development of the 1993 Hague Convention on the Protection of Children and Co-operation in respect of Inter-country Adoption). Studies investigating the legal, administrative and social work processes involved in inter-country adoptions show that, because of the differences between home and adoptive countries' frameworks and the frequent lack of agreement between these, international adoption is difficult to achieve (Haworth, 2000). Other studies have examined policies and practices in



countries with varying experiences of inter-country adoption (Andersson, 2000; Damoradan and Mehta, 2000) and have considered the demographic history of inter-country adoption (Selman, 2002).

Among the various aspects of inter-country adoption explored by much recent research (Thoburn and Charles, 1992), studies of outcomes for internationally adopted children are highly relevant, for two main reasons. First, many of these children experience various degrees of adversity (war, severe poverty, malnutrition, institutionalisation, abuse, etc.) during the first years of their lives in their birth families and countries, these adversities being the main reasons why they are available for inter-country adoption. In this respect, following their progress into their adoptive homes is crucial to an understanding of their development and to guiding policy and practice in respect of these children. Secondly, the particular circumstances of these children may also shed light on the more general issue of the developmental trajectories of other 'at-risk' populations that encounter early adverse life experiences. In this context, studies of children adopted internationally contribute to the understanding of 'resilience', as many of the children demonstrate recovery following adoption despite their early adverse experiences.

A substantial literature on the outcome of inter-country adoption was developed in the late 1980s and early 1990s as a result of various studies carried out in countries which were major recipients from the late 1970s of internationally adopted children. Thoburn and Charles's (1992) review for the UK Interdepartmental Review of Adoption Law identified the studies from The Netherlands – the 'Thai Study' (Hoksbergen 1997, 2000; Juffer and Rosenboom, 1997; Stams *et al.*, 2000) and the Dutch longitudinal study (Verhulst, 2000; Verhulst and Versluis-Den Bieman, 1995) –, Denmark (Rorbech, 1990 cited in Thoburn and Charles, 1992), Norway (Saetersdal and Dalen, 2000), Sweden (Bohman, 1997; Cederblad *et al.*, 1999; Irhammar and Cederblad, 2000) and West Germany (Kuhl, 1985 cited in Thoburn and Charles, 1992) as providing the most reliable research base on outcomes of inter-country adoption. This is because of these countries' relatively long history of well-monitored and -regulated inter-country adoption processes. In the reviewers' opinion these studies 'have taken a qualitative step forward in analysing the "dark side of inter-country adoption" as well as its success' (Thoburn and Charles, 1992, p. 17). In another review, Barbara Tizard (1991) included studies carried out in Europe and



some from North America (Bagley, 1990 cited in Tizard, 1991; Kim, 1977; Kim *et al.*, 1979 cited in Tizard, 1991) and addressed, among other issues, the 'politically sensitive issue of cultural and national identity and experiences of racism' (Tizard, 1991, p. 752) in inter-country adoption.

Even though the findings from these different studies are to some extent conflicting (Tizard, 1991), reflecting also different focuses, there is agreement on certain points. Among the most significant common findings are the following:

1. The health status of children on arrival in their adoptive countries is poor or very poor: the majority of international adoptees suffer from retarded growth and serious disease or malnutrition, and many are emotionally distressed. Other health problems frequently found were skin diseases and internal parasites. Tizard (1991) notes that this is not surprising considering the children's 'ordeal' as a result of severe psychological traumas before arrival in their adoptive countries and the sudden changes in environment that they have to cope with, in addition to poor health.
2. The rapid recovery of children in their first year of inter-country adoption is appreciated as being remarkable, even for those who were retarded and apathetic on arrival, rendering 'stunted growth as fully reversible' (Thoburn and Charles, 1992, p. 20). However, the same studies suggested that the child's age at arrival was directly related to the period over which initial problems persist: children below the age of 18 months or 2 years tend to adjust rapidly, while older children tend to go through a longer process of recovery. Even in the case of older adopted children the rapidity with which the great majority learn to communicate in the adoptive countries' language is surprising (Tizard, 1991).
3. Children's later development, assessed in terms of frequency of behavioural and emotional problems, usually by means of standardised inventories or interviews with parents, showed conflicting results. The West German study (Kuhl, 1985 cited in Tizard, 1991) showed no differences on any of the behavioural disorders measures (defined as educational disturbance, social disorders, psychosomatic problems and symptom stress) between the internationally adopted and the non-adopted groups of teenagers aged 13 to 18. Similarly positive findings have been reported for internationally adopted children in Finland, Denmark and The



Netherlands. In the Dutch Thai study (Hoksbergen *et al.*, 1987 cited in Tizard, 1991) the adopted children's social behaviour at school and their attitude to work were reported as better than for their non-adopted classmates, although a small proportion of children who had arrived after the age of 2 (11%) tended to be lower achievers than those who had arrived as infants. Other studies have shown less positive results: the Dutch longitudinal study (Verhulst *et al.*, 1992) found an increased rate of disturbance (including depressive and anxiety states and 'disruptive behaviour problems') in inter-country adopted children, the difference being mainly due to a minority of 23 per cent (compared to 10% of the controls) of the adolescent boys, who had particularly high problems scores (among the major problems were lying, stealing, truancy and hyperactivity). This study also reported that the older the child at placement, the greater the likelihood of reported problem behaviour.

4. The educational success of internationally adopted children was reported in Verhulst's longitudinal study (Verhulst *et al.*, 1992, Verhulst and Versluis-Den Bieman, 1995) as being lower than for matched non-adopted children, especially among the children adopted at a later age. Hoksbergen and Kuhl reported that children adopted at an earlier age have average or above-average school performance (Tizard, 1991).
5. Satisfaction with adoption in adoptive parents and adopted children was rated as 'high' and 'very high' in over 80 per cent of the adoptive families in various studies (Tizard, 1991). While the majority of adoptive parents believed their relationship with their adopted child was strong and satisfactory, they also referred to some of the problems involved: on arrival, the children had to unlearn the 'survival techniques' they used in their home environments (such as lying and stealing); and some of the children had learned in their past to see adults as people who mainly obstructed and punished them. Overall, it is appreciated that 75-80 per cent of overseas adoptions included in the studies appear 'by most criteria to be successful' (Tizard, 1991, p. 752) and the rate of breakdown very small (e.g. 5.7% in The Netherlands). The high socio-economic status of parents involved in adoption breakdown suggests that high expectations may be imposed on the child, and thus the higher economic status of the family does not enhance the child's development or compensate for the trauma of early life (Hoksbergen, 1990 cited



in Thoburn and Charles, 1992). Also, evidence has pointed out that families in which the adopters have a child close in age to the adopted child are less likely to be successful (Thoburn and Charles, 1992).

6. The issue of cultural identity in inter-country adoptees is highlighted in its relation to the rise in problem behaviour and concerns about self-identity, which become relevant as the children enter their adolescent years (Verhulst, 2000). Overall, inter-country adoptees regard themselves as having the same national identity as those born in the country where they live and, while many also show a strong interest in their backgrounds (Irhammar and Cederblad, 2000), some want to distance themselves from immigrants of a similar ethnic background (Saetersdal and Dalen, 2000). Some other authors have reported that racism appears to operate in the selection of adopted children (e.g. in the USA, where white children are the most favoured). Some saw racism as the main factor in contributing to the unsatisfactory outcome of the adoption of Native American children by white parents in Canada (Bagley, 1990 cited in Tizard, 1991). Also, there is evidence that the social and political context in which the inter-country adoptees grow up influences their identity formation. The research on identity of inter-country adoptees stresses that cultural identity seems important for overall successful adjustment, but this does not imply a denial of children's ethnic origins: the most successful adjustment is in children whose parents are open about these issues.

Overall, the longitudinal studies on internationally adopted children, while highlighting areas of developmental vulnerability, sum up the experience in a mostly optimistic way. It is acknowledged that 75–80 per cent of inter-country adopted children and adolescents function well (Tizard, 1991), although their educational performance is likely to be below that of other (in-country) adoptees and non-adopted children, and issues of identity are likely to be problematic at some point in their psychosocial development. However, the risk factors involved are less certain: emotional and behavioural difficulties seem more likely to occur when children are adopted at a relatively late age, even though there is no evidence of an age threshold (problems are identified in children adopted in early infancy as well as in those adopted later). The research suggests that when these difficulties arise, they are consequences of children's early experiences before adoption, as most of these children have experienced extremely adverse conditions such as poverty,



culture, language and ethnicity (Levy-Shiff *et al.*, 1997). Moreover, the premises under which research on international adoption is carried out may imply an a priori agenda (Serbin, 1997): for example, the purpose of research sponsored by national governments is to find out ways of maximising the adopted children's integration into their societies; research which is sponsored by a group of adopting parents may be focused on demonstrating the 'success' of international adoptions; social welfare agencies may be focused on parental characteristics that predict outcomes; and research sponsored by health programmes may focus on the physical and socio-emotional development of the children.

The fall of the Iron Curtain in 1989 led to an immense interest in children from impoverished Eastern European countries who were adopted in Western countries. Among these, Romanian children received particular attention, mainly because their situation in Romania was intensively publicised by Western media, and for a short period Romania was the largest source of children for international adoption, although the total number of Romanian children adopted abroad remains unclear (Selman, 2000). By the mid-1990s the wave of inter-country adoptions moved from Eastern Europe to other parts of the world, and recent reports consider different aspects of international adoptions from China (O'Brian, 1997/8) and India (Apparao, 1997), among other countries.

## **How the Romanian 'Orphans' Have Fared in Their Foreign Adoptive Homes**

As early as 1992, academic reports were published about the adjustment of Romanian children adopted abroad. Perhaps not surprisingly, these first reports came from medical professionals, as they were among the first to be consulted by adoptive parents confronted with the health problems of their adopted children on arrival or soon after. In reviewing these studies, a 'study-centred' (rather than 'type-of-outcome-centred') approach is used, because the heterogeneity in findings often reflects the different research questions, designs and methodologies adopted by particular group(s) of researchers.



***The Study at the International Adoption Clinic, University of Minnesota, USA***

Johnson *et al.* (1992) examined the health of 65 Romanian children, ranging in age from 6 weeks to 73 months (approximately 6 years old), coming into the USA between October 1990 and September 1991 (all the children were assessed within three months of their arrival). About two-thirds of the children had spent their entire pre-adoption lives in a Romanian institution, and the authors remarked that they were all personally selected for adoption by their adoptive parents or intermediaries. Only 15 per cent of the children were assessed as 'physically healthy and developmentally normal', and these children had been in an orphanage for 'a short length of time'. The rest of the children displayed a range of 'significant medical, developmental or behavioural disorders'. Among these were hepatitis B (53%), intestinal parasites (33%) and smaller head circumference, with higher incidences in children who had spent more time in an orphanage. Through developmental screening, 65 per cent of infants under six months were found 'normal in all areas', the rest displaying decreased strength, delayed gross motor development, neurological problems and decreased visual attention. Of children aged 7 to 12 months at the examination, only 30 per cent were considered developmentally normal in all areas, the rest having problems such as hypertonia, gross and fine motor delays, strabismus and decreased strength or endurance. Of the children aged over a year, only 10 per cent were found to be 'normal in all areas of development', the rest showing a combination of delays similar to those found in younger children.

This study shows that many children adopted from Romania in the early 1990s have significant medical problems and delays in their development, and that children who spent more time in institutional care in Romania usually present more problems than those who spent less. In spite of its limitations, such as the small number of Romanian adoptees included in the sample (which is unlikely to be representative) and the normative standards used (adopted Romanian children were assessed in terms of normative standards for the American infant and child population), this study is valuable as being the first reported assessment of Romanian children adopted abroad. Unfortunately, there was no follow-up of these children, so the long-term consequences of their medical problems or developmental delays are not clear. However, the study clearly points to the challenges that inter-country adoption of children reared in institutionalised setting poses. Later on, Dana Johnson (the main



investigator of this study at the International Adoption Clinic, University of Minnesota) 'bluntly' said:

The chance of an institutionalised child being completely normal on arrival in your home is essentially zero! [...] An orphanage is a terrible place to raise any infant or young child. Lack of stimulation and consistent caregivers, suboptimal nutrition and physical/sexual abuse all conspire to delay and sometimes preclude normal development. Children lose one month of linear growth for every three months in the orphanage. Finally, congregate living conditions foster the spread of multiple infectious agents. (Johnson, 1996)

Dana Johnson published a comprehensive review (2002) of the effect of adoption on children's development in an attempt to integrate the experience of Romanian children adopted abroad. However, in a study exploring the developmental and nutritional status of 129 internationally adopted children (adopted between 1989 and 1993) who were mostly assessed within six weeks of arrival in the USA, Miller and colleagues (Miller *et al.*, 1995) found that half of the children were developmentally normal, the rest having varied delays. The children included in this study (who included 22 Romanian children) came from over twenty birth countries. Exclusion of the Romanian children did not appreciably alter the results, and so poor state of health on arrival is not a factor specific to Romanian children. The authors appreciate that the contribution of malnutrition, relative to that of other forms of social deprivation, to developmental delays in these children needs to be further elucidated (Miller *et al.*, 1995). A more recent study (Saiman, 2001) of the prevalence of infectious diseases among internationally adopted children in the USA (between 1997 and 1998) showed similar results.

### ***The Manitoba Study, Canada***

Benoit *et al.* (1996) have reported the developmental, behavioural and health features of a small group of 22 Romanian children adopted by 18 Manitoba families, who were assessed in two stages at the Winnipeg Children's Hospital between September 1990 and June 1992. At follow-up, statistically significant improvement was recorded in height and weight, and follow-up mean developmental quotients improved in all domains. Twelve children displayed abnormal behaviour at the initial assessment, and



this persisted in 8. The authors also note that the incidence of infectious diseases in this sample was lower than previously reported. In spite of its limited nature, this small-scale longitudinal study delineates improvements in growth and development once children are placed in a nurturing environment.

### ***The Study at the Hospital for Sick Children, Toronto, Canada***

Susan Marcovitch and her colleagues at the Hospital for Sick Children, Toronto, Canada explored the experiences of families adopting Romanian children in Ontario. An initial article (Marcovitch *et al.*, 1995) reports on a survey of 105 families who had adopted 130 Romanian children between the ages of 5 days and 9 years, 55 per cent of whom had lived primarily in an orphanage before adoption while the rest had lived with their birth parents. The average age of the children at the time of the study was three, and parents were asked to rate retrospectively their adopted child's status when they first met. Half of the adoptive parents described their children as generally healthy at the time of adoption, and the other half reported that the children had problems such as skin rashes, diarrhoea, malnutrition, parasites, dehydration or ear infections, or were underweight. Many parents also reported that their adopted children had other initial difficulties, such as eating problems, developmental delays and stereotyped behaviours, and that these problems and delays remained problematic at the time of the study. Parents of children adopted after the age of two reported that problems decreased over time, but parents of younger children reported increases in peer difficulties, temper tantrums and other behaviour problems. It is important to note that in this study some differences were found when comparing children adopted directly from birth families with children adopted from institutions: in children adopted from families, temper tantrums and peer and sibling difficulties increased slightly while medical problems and eating disorders persisted over time; in children from institutions temper tantrums decreased slightly but indiscriminate affection, clinging, anxiousness/fearfulness, withdrawal and low attention span remained steady over time.

Marcovitch continued the study with a more focused analysis of a subset of 56 families from the initial sample (Marcovitch *et al.*, 1997), using the Child Behaviour Checklist as a measure of behavioural problems, the Stanford-Binet Intelligence Scale (4th edn) to assess intelligence, the Vineland Adaptive Behaviour Scales to evaluate



general development, and Ainsworth's Strange Situation to assess mother-child attachment (at the time of this assessment children's ages ranged from 3 to 5). The authors report that 19 of the 56 children had been in institutions for longer than six months prior to adoption, while the rest had spent less than six months in institutions or had been adopted directly from families. The general picture of the adoptees was that they were functioning within the normal ranges of developmental measures and were experiencing few behavioural problems. However, those who had spent more time in institutions scored lower than those adopted from families and/or those who had spent less time in institutions. The adoptee group as a whole was unusual in respect of attachment towards mothers: none had shown avoidant attachment, which is the most common form of insecure attachment in normative samples. The authors hypothesised that avoidant attachment may not have been adaptive in the environments from which the adopted children came. Also, there were no differences in attachment between early- and later-adopted children. Overall, this study suggests that some of the problems presented by children adopted from Romania during the first few years can be remedied as the child develops: although children who had spent longer times in institutions scored lower on measures, they were within the normal ranges. However, the lack of systematic assessment of the earlier problems (these were assessed only by parents, retrospectively) renders the findings inconclusive.

### ***The Study at Simon Fraser University, British Columbia, Canada***

Among the first reported longitudinally-designed study of Romanian children adopted abroad is the 'Romanian Adoption Project' at Simon Fraser University, Canada. Initially, Morison *et al.* (1995) and Chisholm *et al.* (1995) reported on the development, attachment security and indiscriminately friendly behaviour of children adopted from Romanian orphanages. Forty-four children who had spent 'at least the last 8 months in an orphanage before being adopted' (Morison *et al.*, 1995, p. 414) were compared with 24 Romanian children adopted before the age of 4 months who were included in the sample 'only if their adoptive parents were certain that the children would have grown up in an orphanage had they not been adopted', and this group acted as a control group because these children were 'assumed to have had the prenatal experiences and background variables similar to those of the Romanian



Orphanage group'. By the authors' accounts, the majority of these children (17 out of 24) were taken by adoptive parents from a maternity hospital (soon after their birth), and the rest had spent time with biological parents or both in a hospital and an orphanage. Using the Revised Denver Pre-screening Developmental Questionnaire the parents of children adopted from orphanages described their children retrospectively, when they had first met the child, and currently, at approximately 11 months after adoption, at the time of the study. However, parents of Romanian children adopted under the age of 4 months were not questioned about the child when they first met him/her, because of the child's young age at adoption, which was deemed to render the majority of the items in the assessment instrument irrelevant. The authors concluded in the first report that, at the time of the first meeting with the child, delays were exhibited in all areas of development, but, post-adoption, many delays had been made up and, 'on average, children progressed 2 developmental quotient points per month in their adoptive homes' (Morison *et al.*, 1995, p. 425). The influence of some aspects of the institutional environment on children's development post-adoption was evaluated, such as length of institutional stay, the child's weight, 'presence of toys', 'favouritism in the orphanage' and 'dirtiness in the orphanage'. No relationship was found between the amount of time spent in an institution and the number of delays when parents first met the child; however, the number of delays at 11 months post-adoption was positively related to the length of institutional stay. Poor nutrition (assigned in children with a low weight percentile) did not seem to play a role in influencing the post-adoption development of children in the study. However, by the authors' accounts, 'children who were dirty or soiled in the orphanage had more delays at the time of interview than children who were not dirty or soiled', and 'for those children deemed favourites, however minimal their interactions with the caregiver may have been, positive effects were evident' (Morison *et al.*, 1995, p. 427). Rightly, the authors call for caution when interpreting the results, because 'methodological limitations were present in this "natural experiment"'. They mentioned as a potential limitation the retrospective nature of the developmental data when the parents first met the children, but the authors 'believe it is not of major importance [as] the paucity of "don't know" [parental] responses to queries about what their child could do was surprising' (p. 428).



An accompanying article (Chisholm *et al.*, 1995) reports on the comparison in attachment security and indiscriminate friendliness between children from the samples described above and a third group of 29 Canadian-born, non-adopted children matched by age and sex to the adopted children. Children's attachment security was measured using the Walters and Deane Attachment Q-sort (1985); indiscriminate friendliness was measured by asking parents whether a child wandered without distress, how friendly it was with strangers, whether it was ever shy, and whether it would be willing to go home with a stranger. Parents' attachment to their children was assessed with the relevant scale from the Parenting Stress Index. Romanian children adopted after the age of 8 months scored significantly lower on security attachment items than children adopted earlier or the Canadian non-adopted children (the two latter groups did not differ significantly). However, no significant relationship was found between attachment security scores and age at adoption or length of time in the adoptive home. Romanian children who spent 8 months in orphanages displayed significantly greater indiscriminate friendliness behaviour than Romanian children who were adopted before the age of 4 months (but comparisons with Canadian non-adopted children were not made); however, this finding was not associated with age at placement or time in the adoptive home. The authors conclude that Romanian children's experiences of extreme neglect contributed to their low attachment-security scores and that indiscriminate friendliness may be an important behaviour to consider in the study of attachment in institutionalised children, as this also raises concerns about the children's safety (but only 3 of the 46 parents of Romanian children mentioned this as an area of concern).

Using the same samples, Fisher *et al.* (1997) examined the ongoing problems that Romanian orphans exhibited after being adopted, assessed through the 2- to 3-year-old version of the Child Behaviour Checklist (CBCL) and by parental interview. At the time of this assessment, Romanian children adopted after 8 months in an orphanage had been in their adoptive homes for 11 months on average, and those adopted before the age of 4 months for 23 months on average. The later-adopted Romanian children had higher total and internalising scores on the CBCL than the other groups, who did not differ significantly. The total internalising and externalising scores for the Romanian group adopted after 8 months correlated with the time they had spent in the orphanage. Moreover, from interviews with parents, the researchers



found that many Romanian children adopted after 8 months had eating problems (refusing solid food or eating too much) or medical problems (internal parasites, hepatitis B or anaemia), and displayed at least one stereotyped behaviour (such as body rocking or stereotyped hand movements); also they had more sibling and peer problems. The authors suggest that these distinctive problems arise out of a normal developmental base, and reflect continuations of orphanage behaviours, reaction to stimuli different from those experienced in orphanages, or a lack of opportunity for development or learning within the orphanage. Another important finding of this study is the fact that Romanian children adopted before 4 months of age were not significantly different from Canadian-born children. The authors suggest that 'the general impoverishment of Romania had few effects on children adopted during the first few months of life' (Fisher *et al.*, 1997, p. 76).

A three-year follow-up of attachment security and indiscriminate friendliness in children adopted from Romania was reported by Chisholm (1998). The findings show that although Romanian children adopted after 8 months did not score differently from the other groups on attachment security measures, they did display significantly more insecure attachment patterns and more indiscriminately friendly behaviour. The insecure attachment patterns were not associated with any aspect of the institutional environment, but insecure Romanian children had more behavioural problems and lower scores on intelligence scales. This study has shown that Romanian children, even those adopted from institutions after the age of 8 months, were able to form attachment relationships with their adoptive parents. However, the accompanying high indiscriminate friendliness scores may indicate that the secure attachment behaviour in these children is a reflection of rather high indiscriminate friendliness. In a 'second look' at the development of Romanian children included in these Canadian samples (Morison and Ellwood, 2000), the authors found that the developmental status of Romanian children adopted from orphanages was positively related to the quality of environment in their adoptive home, and negatively related to the time they spent in institutions.

#### ***The Study co-ordinated by the Case Western Reserve University, USA***

Groze and Ileana (1996) explored the adjustment of Romanian children adopted in the USA, gathering information about Romanian children adopted across the USA



between 1990 and 1993. Of 1,900 surveys mailed to families (during 1994), only 475 were returned, but the authors estimated that this represents about 16 per cent of all adoptions from Romania between 1990 and 1993. Children were adopted at an average age of 1.7 years, ranging from infancy to 13 years. According to parents, only 47 per cent of the children had lived in an institution, a third were adopted directly from their birth families, and the rest had spent time in a combination of settings. Only 35 per cent of the children were under the age of one at adoption, the majority being adopted when they were aged less than 5. The survey used in this study was adapted from previous projects of domestic special-needs adoptions. At the time of adoption, most children were below the normal range in weight (60%) or height (49%). However, most families reported no problems concerning child development at adoption. In families where there were difficulties, the most frequently reported related to delays in fine and gross motor skills, language skills and social skills. The great majority of parents reported getting along 'very well' with their child, had good communication with and trusted the child, and said that the overall impact of the adoption on their families was 'very positive' or 'mostly positive'. In the follow-up assessment, about half of the parents indicated that their child had no behavioural problems. Problems reported with some frequency included bed-wetting, a higher than expected activity level of the child, over-sensitivity to touch, sights or sound, and under-reactivity to stimulation. The authors found that children who had lived in an institutional setting were more likely to be below normal weight and height and to have behaviour problems post-adoption, and children who had been institutionalised for longer period had more of these problems than did children institutionalised for shorter periods. Critics of this study (Haugaard *et al.*, 2000) raise concerns that it may include a relatively higher number of children functioning very well; however, it was the first reported study to gather information about Romanian children adopted within a larger area. The fact that recruitment was carried out using 10 support groups for families that had adopted a Romanian child across the USA may have contributed to the overall higher level of functioning.

Groza<sup>1</sup> *et al.* (1998) reported a follow-up of this study conducted a year after the initial assessment (1995), on 238 Romanian children. The results show that the length

---

<sup>1</sup> The author Groze, mentioned above, changed his name spelling to Groza (Romanian spelling).



of time and the age of the child when institutionalised have significant effects on development post-adoption. In particular, the authors considered that 'institutionalisation for 7–12 months is problematic' and that 'institutionalisation for over 2 years is extremely problematic'. Later on, Groza reported a comparison of the results from this assessment of Romanian children with normative behaviour data and a sample of domestically adopted children (Groza 1999; Groza *et al.*, 2003). Ratings of children's behaviour were obtained by parents' completion of the CBCL. The results show that the Romanian adoptees as a group have more behaviour problems than those reported on normative populations, although the problems are not as severe as children receiving mental health services. At the same time, their behaviour is similar to that of children adopted through the public child welfare system in the USA. The researchers (Groza and Ryan, 2002) concluded:

Although children adopted domestically and internationally enter their families after experiencing different types of trauma, their behaviour is more similar than different. The sources of stress are different but the consequences may be the same. (Groza and Ryan, 2002, p. 195)

On the basis of clinical observations, Victor Groza (Groza *et al.*, 1998) described three distinct groups of children adopted from Romania. These are:

1. 'Resilient rascals': this group contains about 20 per cent of children who, regardless of their circumstances, seem to survive relatively well; they fare well in orphanages, do not have many developmental delays and adjust well in their adoptive families.
2. 'Wounded wonders': this group contains about 60 per cent of children, who demonstrate significant delays resulting from institutionalisation but make up for these, even though they may be somewhat behind on their developmental path.
3. 'Challenged children': this group contains about 20 per cent of children who are severely affected by institutionalisation and who, although their development improves, continue to have considerable difficulties.

However, such a typology of adopted children, although interesting, has not been supported to date by empirical data.



### ***Neuro-physiological studies***

Some of the Romanian children adopted abroad were also subject to in-depth neuro-physiological assessments. Gunnar *et al.* (2001) reported that 18 children reared in Romanian orphanages had higher cortisol levels over the daytime hours than did 15 early-adopted (before the age of 4 months) Romanian children and non-adopted Canadian-born children. Furthermore, the longer the period of time beyond 8 months that the Romanian children remained institutionalised, the higher the cortisol levels. The authors explained this finding with reference to the conditions in Romanian orphanages, characterised by multiple risk/stress factors that produced the overall increase in cortisol production. In a study of local brain functional activity following early deprivation, Chugani *et al.* (2001) found that ten Romanian children adopted from orphanages showed long-term cognitive and behavioural deficits associated with dysfunction in a group of limbic brain regions known to be activated by stress and damaged by prolonged stress. However, all these studies are limited to small groups and are therefore more restrictive in their conclusions. Nevertheless they attempt to make the link with the neuro-physiological correlates of behaviour following institutional upbringing.

### ***Treatment Interventions for Romanian Orphans***

Dr Ronald Federici, an American developmental neuropsychologist, has acquired an international reputation for working with children adopted from institutional settings. Through his work with these children (in a Romanian orphanage, from his Washington practice, and from his being a father of four adopted children from Ukraine and Romania) he suggested a pattern of atypical autism that may be related to institutionalisation and 'a very unorthodox and aggressive and innovative' technique for treating this disorder. In his book *Help for the Hopeless Child* (Federici, 1998), he describes the characteristics of 'institutional autism – an acquired syndrome' as a combination of: 'psychosocial dwarfism'; loss of previously acquired language or regression to 'infant babbling'; primitive acting-out; attention and concentration problems; memory and learning deficiencies; and complete regression to self-stimulating behaviours. According to Federici:

The ultimate Institutional Autistic behaviour is a complete regression to the self-stimulating behaviours as a way of filling in



the gaps of loneliness, deprivation and despair. Over the course of time, if left to continually 'practice' these behaviours, a child develops a repetitive pattern of newly learned movements, mannerism and speech. The regression to the most self-absorbent and isolative way of life may be the 'ultimate defense' in blocking out pain and suffering. (Federici, 1998, p. 74)

Criticising the traditional 'love would be enough' approach that has been used in dealing with these post-institutionalised adopted children, Federici (1998) developed a therapeutic family programme called 'detoxification from institutionalisation', which, according to him, will bring a solution for 80 per cent of damaged children. This treatment is mainly based on two simple parts. The first consists of providing an initial restricted environment to the post-institutionalised child and introducing stimuli (toys, food, etc.) gradually. The second involves 'taking away the problem identity of the unattached child' and aligning it with the adoptive parents' identity through directive physical control (provided mainly by behaviour modification techniques and the so-called 'holding therapy'). Of course, there are many examples of well-meaning psychosocial interventions based on clinical experience which, on systematic evaluation, turn out to be ineffective (Richards, 2002). Federici's treatment techniques were received sceptically by other psychiatrists (Rutter *et al.*, 2000), who, although they admit that the nature of disorders in post-institutionalised children is likely to be different, consider that the treatment approaches used with autism may well be applicable to those with quasi-autistic features.

### ***The study at the London Institute of Psychiatry, UK***

The English and Romanian Adoptees Study Team (ERA) Team at the London Institute of Psychiatry conducted a longitudinal study of a sample of 111 Romanian children aged under 2 at the time of their adoption into the UK, between February 1990 and September 1992. Details about when data collection started are not given, but the first published reports (in 1998) concern children studied at age four. In line with the British tradition of research on 'maternal deprivation' (Bowlby, 1951; Rutter, 1972) and 'child institutionalisation' (Hodges and Tizard, 1989a, b), the ERA team shift the focus from 'Romanian children adopted internationally' (which was predominant in the North American studies) to Romanian orphans, whom they call 'victims of severe global early privation':



The opportunity to examine the psychological effects of early global privation [...] arose from the adoption into English families [...] of a large number of children reared in the extremely poor conditions of Romanian institutions. (Rutter *et al.*, 1998, p. 466)

Without elaborating on the concept of 'severe global early privation', the authors provide a brief picture of conditions in the Romanian orphanages, relying heavily on descriptions provided in previously reported studies (Groze and Ileana, 1996; Kaler and Freeman, 1994). In a later published article (Castle *et al.*, 1999) they include eyewitness accounts of adoptive parents (the number is not reported) and aid workers (including three members of the team 'who had previously worked in Romanian institutions', p. 427). The authors' conclusion is that 'the conditions in these institutions varied from poor to appalling' (Rutter *et al.*, 1998, p. 467), even though the children included in the study came from at least 67 different institutions (Castle *et al.*, 1999). A closer look at the pre-adoption experiences of the sample of Romanian children reveals that less than half of the children are known with certainty to have lived their entire lives in a Romanian institution:

Out of the sample of 111, only 18 had been reared in a family setting throughout (with less than 2 weeks in an institution), another 5 had had family rearing for up to half of their life in Romania, 36 had been reared in institutions for at least half (but not all) of their life, and the largest group (52) had been reared in institutions throughout. (Rutter *et al.*, 1998, p. 467)

The authors comment that 'the home conditions of the few children not in institutions were also usually very poor' (p. 467). Approximately half (58) of the children were adopted from Romania before the age of 6 months, and the rest (53) after this age.

A comparison group of within-UK adoptees, placed before the age of 6 months, was selected to participate in the study. The researchers commented on their choice as follows:

... examination of the effects of adoption would have been facilitated by a study of children who remained in Romanian orphanages and who were not adopted. This seemed redundant in view of the extensive evidence that such children fare very badly



(Johnson *et al.*, 1992; Kaler and Freeman, 1994).<sup>2</sup> (Rutter *et al.*, 1998, p. 466)

The assessment of Romanian children took place around the children's fourth birthday. Their development at the time of adoption was assessed by asking the parents to complete Denver Developmental Scales retrospectively. The children's developmental level at age 4 was assessed using the Denver Scales plus individual testing on the McCarthy Scales. The results (Rutter *et al.*, 1998) show that the Romanian children were severely developmentally impaired at the time of UK entry, and many were also in a poor physical state with recurrent intestinal and respiratory infections. The family-reared subgroups were much less developmentally impaired. The catch-up in both physical growth and cognitive level appeared nearly complete (comparable to the UK sample) at 4 years for those children who came to the UK before the age of 6 months, and impressive, but not complete, in those placed after 6 months of age. The strongest predictor of the level of cognitive functioning at 4 years was the children's age at entry to the UK.

At age 4 attachment disorder behaviours were also examined (O'Connor *et al.*, 1999) through a semi-structured interview with the adoptive parent. Results indicated that attachment disorder behaviours were positively associated with the duration of severe deprivation, but a substantial number of Romanian children 'exposed to even prolonged severe early privation' did not exhibit these symptoms.

Another report (Kreppner *et al.*, 1999) investigated the children's pretend play at 4 years of age, assessed in a 10-minute semi-structured play session. The results indicate a general tendency for the within-UK adoptees to engage in higher frequencies of pretend play, role play and referencing others' mental states than Romanian adoptees. These differences remained significant after controlling for general cognitive and verbal ability, suggesting a possible impact of early social and psychological deprivation on social development.

A further report (Rutter *et al.*, 1999b) on assessments at ages 4 and 6 indicated that 6 per cent of Romanian children showed autistic-like patterns of behaviour and that a

---

<sup>2</sup> Of the two studies cited only one (Kaler and Freeman, 1994) was conducted on children living in Romanian orphanages, the other (Johnson *et al.*, 1992) being the above-mentioned study on Romanian children adopted in the USA.



further 6 per cent showed milder autistic features. These were not found in the UK sample. The children with autistic features tended to differ from the other Romanian adoptees in respect of their greater cognitive impairment and 'a longer duration of severe psychological privation'. But the autistic-like features identified at age 4 tended to diminish greatly by age 6.

Follow-up assessments at age 6 indicated that low IQ was strongly related to the duration of institutional care, and to a particularly marked lack of individualised care pre-adoption, with malnutrition having a weaker effect (Castle *et al.*, 1999). A second group of 48 'late' Romanian adoptees (adopted after the age of 2) were included in assessments at age 6, and these children, as a group, exhibited lower cognitive scores and general developmental impairment than earlier-adopted Romanian children (O'Connor *et al.*, 2000b). Overall, the developmental and cognitive assessments at age 6, compared to those at age 4, suggested that the resilience was maintained longitudinally, but there was no evidence of further catch-up or recovery (O'Connor *et al.*, 2000b).

In respect of attachment disorder behaviours at age 6 (O'Connor *et al.*, 2000a), analyses revealed a close association between duration of deprivation and severity of attachment disorder behaviour, which in addition were correlated with attention and conduct problems and cognitive level. However, there was little evidence of a decrease in attachment disturbance behaviour between the ages of 4 and 6.

In an attempt to delineate the behavioural patterns that are specifically associated with institutional privation, dysfunction at age 6 was assessed for seven domains of functioning (Rutter *et al.*, 2001). Attachment problems, inattention/overactivity, quasi-autistic features and cognitive impairment were associated with institutional privation, but emotional difficulties, poor peer relationships and conduct problems were not. Nevertheless, one-fifth of Romanian children who spent the longest time in institutions showed normal functioning (Rutter *et al.*, 2001). A comparison of the prevalence of behaviours associated with institutional rearing at the time of adoption in the UK and at age 6 (Beckett *et al.*, 2002) revealed that these behaviours decreased considerably but were still present in some children at age 6: 18 per cent of the children were still rocking, 13 per cent were still engaged in self-injurious behaviour and 15 per cent were still experiencing difficulties with chewing and swallowing solid food at age 6. The authors note that the primary factor affecting the prevalence and



persistence of these behaviours was the length of time children had spent in institutional privation (Beckett *et al.*, 2002).

Another report (Kreppner *et al.*, 2001) examined the hypothesis that inattention/overactivity might constitute a specific deprivation syndrome. The findings indicate that the effects of duration of deprivation were specific to inattention/overactivity and were not accounted for by low birth weight, malnutrition or cognitive impairment. Moreover, inattention/overactivity correlated with attachment disturbances and the effect of duration of deprivation on inattention/overactivity did not attenuate over time. The authors' concluded that inattention/overactivity may well constitute an 'institutional deprivation syndrome', but it may present a different clinical picture from that of 'ordinary' varieties of attention deficit disorder or hyperkinetic syndrome (Kreppner *et al.*, 2001).

The UK study of children adopted from Romania represents so far, in the authors' words, 'a complex mix of spectacular success and worrying sequelae' (Rutter *et al.*, 2000, p. 119). They expect to extend their conclusions in the light of further planned follow-ups (the follow-up of Romanian children at age 11 being recently completed and another one at 15 years being planned).

### **The Experiences of Families Who Adopted Romanian Children**

Another facet of Romanian inter-country adoption in the early 1990s which has been explored in some of the studies is the experience of adoptive foreign parents and families, both during the adoption process itself and after adoption. There are a number of written testimonies of the adoptive parents themselves (e.g. Pullar's 1991 book *Romanian Babies: Robbery or Rescue?*); ample interview transcripts with parents about their experiences (in Groza *et al.*, 1999); and various media reports (e.g. *The Forgotten Children*, BBC1, 26 March 2000; 'What became of the Romanian orphans?', *Daily Mail*, 15 August 2002).

Reports about the characteristics of the adoptive parents of Romanian children were included in most of the studies reviewed above. For example, the Canadian adoptive parents were reported as being well-educated, married couples between the ages of 30 and 49 (Marcovitch *et al.*, 1995). Most of the American adoptive parents were white and highly educated and had upper-middle-class family incomes; 90 per cent of the



adoptive families had a two-parent structure and 72 per cent of them had birth or other adopted children (Groza and Ileana, 1996). Goldberg (1997) explored in depth the experiences of eight American mothers who were participating in a support group for women who had adopted Romanian children. Most of the mothers indicated that race clearly played a role in the attractiveness of Romania as an adoption source because they 'wished to minimise their public appearance as an adoptive family' (Goldberg, 1997, p. 82) and Romanian children fit into same-race adoption practice. All the mothers except one adopted children under the age of one year as they said they preferred a new-born baby or infant with few or no health problems. These mothers report a variety of experiences during the adoption process: some had success in their first attempt at adoption, while others had adoptions fall through several times before completion (depending on whether the formal adoption took place prior to or after travelling to pick up the child, whether the parents refused a specific child who was identified for them, or when a birth mother changed her mind in relinquishing her child). Parents met the child for the first time in places ranging from institutions to courts, some being handed their child through a car window, others taking them from their birth mothers. Some parents experienced difficulties obtaining a visa for their adopted child as the foreign embassies in Romania imposed greater scrutiny because of fear of illegal adoptions. The adoptive mothers often met the birth mothers (since about half of the children were living with their birth mothers up to adoption) and tried to exchange information about family history, yet cultural and language barriers often hindered this. Most adoptive mothers indicated that they would be interested in returning to Romania with their children in the future, although not all would want their child to meet the birth mother. Goldberg (2001) has followed up this group of adoptive mothers, exploring how families integrate their adoptive status and their children's culture of origin with their family identity, focusing on how adoption is socially constructed by families. Findings reveal that, while identity as adoptive families linked to Romania remains vital, this aspect has a diminished impact on the family over time.

The ERA study paid attention to the outcome of the adoptions from Romania in terms of parental satisfaction (Groothues *et al.*, 1998/9, 2001), parent-child relationship quality (Croft *et al.*, 2001) and the role of siblings (Beckett *et al.*, 1998). Because UK adoption policy discourages the simultaneous placement of unrelated children in the



same family or of a child where there is already a biological child of similar age in that family, ERA (Beckett *et al.*, 1998) examined 95 families (from their previously reported sample) where the adopted Romanian child had a sibling, either adopted or a birth child of the family. The results show a very high level of satisfaction with the adoption (only 2 of the 165 adoptions had broken down). However, there was variation in the level of dissatisfaction expressed by parents and in the quality of sibling relationships. In this study sibling conflict was associated with the siblings' age-spacing (siblings closely spaced in age were reported to be more in conflict) and the parental ratings of the negative aspects of the adoption were related to sibling composition (when the sibling was a biological child). A further report concerning the age 4 assessment (Groothues *et al.*, 1998/9) found a high level of parental satisfaction, and negative parental evaluation of the adoptions was influenced by the child's level of hyperactivity at the time of interview. The same level of high parental satisfaction was maintained at age 6 (Groothues *et al.*, 2001) and the main factor associated with lower levels of satisfaction is the child's behaviour problems. The assessment at age 6 (Croft *et al.*, 2001) found that adoptive parent-child relationship quality was related to the duration of deprivation and that cognitive/developmental delay mediated this association. Longitudinal analyses revealed that positive change in the quality of parent-child relationships was most marked among children who exhibited cognitive catch-up between 4 and 6 years of age, and the direction of effects appeared to be primarily child to parent. The overall conclusion of these studies is that there was a very high level of reported satisfaction and a remarkably low level of breakdown in this sample of Romanian children adopted into England, despite the fact that

the adoptive parents of children from Romania in the early 1990s were unique in many respects [...] many of them would not have proceeded if current practice guidelines had been followed. For example, some adoptive parents were 'too old' while some adopted more than one unrelated child or had a biological child close in age. (Beckett *et al.*, 1998, p. 32)



## Studies on Romanian Children Living In Institutions After 1990

Before summarising the findings of studies of Romanian children adopted abroad it is important to highlight the findings from the few studies conducted in Romania. Little information is available about the development of children actually living in Romanian institutions. Macavei (1986, 1989) reported the consequences of separation from their families within a sample of 520 Romanian children, adolescents and adults who were residing in Cradles and Children's Homes from 1976 to 1986. Findings concerned the developmental delays among this population, including physical delays, decreased motor and social skills, and lags in psychological and intellectual functioning.

In July 1991 a country-wide cross-sectional survey, commissioned by the Romanian Ministry of Health and the Romanian Unicef country office, explored 'the causes and circumstances' of children living at that time in 64 Cradles and 48 Dystrophic Sections in Romania (Stephenson *et al.*, 1993, 1994; Unicef, 1991). As has been explained in previous chapters, these were the two main types of institution caring for infants and children up to the age of 3. A representative sample of 626 children (418 living in Cradles and 208 in Dystrophic Sections) were selected to participate in the study. The importance of this study is that it assesses the medical and social conditions of children *at admission* to these institutions, as reported in their medical and social files as well as by the professionals working in the institutions. The findings reveal that the majority of children had one or more growth or nutritional problems (dystrophy 65%, anaemia 42.8% and rickets 28%) *at admission*. Twelve per cent of those with growth or nutritional problems also had an associated disabling condition, such as malformations (16%) or HIV/AIDS (4.5%). A third of the children were reported to suffer from developmental delays, but only a few (1%) had developmental delay alone at the time of admission; the rest (30%) had one or more accompanying growth and nutritional disorders, disabilities or HIV/AIDS. Only approximately 15 per cent of children had no reported health problems at admission. At least two indicators were given in respect of all the children as reasons for institutionalisation, and 75 per cent had three and 66 per cent four indicators reported. Apart from the medical indicators given as reasons for institutionalisation, abandonment was recorded as a sole reason for institutional placement in only 5.4 per



cent of the children, and low socio-economic status indicators (poverty) were given as the only reason for institutional placement in only 14 per cent of cases. These findings point to the marked trend whereby infants placed in institutional care in Romania already had identifiable medical problems at the time of admission. This trend is reinforced by the predominance of paediatricians' involvement in the child's referral to institutional care: the vast majority of referrals (76 %) involved a paediatrician, and in over half of the cases (54%) a paediatrician was the only referring party. In only a very few cases (5%) did parents or other family members place children directly in an institution with no other referring party involved.

This cross-national representative study shows substantial evidence that infants and children under the age of 3 placed in institutional care in Romania had one or more medical or developmental conditions at the time of admission. This is an important finding, as most of the Romanian children adopted abroad were young children or infants, the great majority taken from Cradles or Dystrophic Sections.

The plight of Romanian orphans attracted the interest of some foreign independent researchers who travelled to Romania on voluntary work placements (Groza *et al.*, 1999; Kaler and Freeman, 1994; Spira *et al.*, 2000). Kaler and Freeman (1994) reported on the assessment of 25 Romanian orphans aged 23 to 50 months living in a Cradle in Timisoara. When compared with a group of 11 Romanian children living with their families and attending kindergartens, the orphanage group exhibited deficits in cognitive and social functioning and the majority were severely developmentally delayed. However, the surprising finding of this study is that while all children exhibited deficits, no single background variable or combination of variables emerged as predictive (the deficits were not related to length of time in the orphanage, age at entrance, Apgar scores or birth weight). As an explanation the authors put forward the idea that 'subtle biological risks', coupled with malnutrition and low levels of stimulation, may have resulted in persistent developmental deficits. The findings also suggest that the children's greatest capability was in the area of social interaction with peers: the authors note that as interactions with caregivers were minimal, it appears that children utilised each other as social partners.

Zeanah and colleagues (Smyke *et al.*, 2002; Zeanah *et al.*, 2002) reported on attachment disturbances and indiscriminate behaviour in 32 Romanian toddlers living in a 'typical' childcare institution in Bucharest, who were compared with 29 toddlers



living in a 'pilot unit' designed to reduce the number of adults caring for each child, and 33 toddlers living at home who were never institutionalised (the study was conducted in 1999 in Bucharest). Results indicate that children living in the typical institutional unit showed significantly more signs of disordered attachment than children in the other two groups, with both emotional withdrawal and indiscriminate attachment being apparent in these children, but cluster analysis suggested that mixed patterns of attachment disorders are more typical (Smyke *et al.*, 2002). Moreover, indiscriminate behaviour was common whether or not the children had a preferred attachment figure. But indiscriminate behaviour was independent of aggressive behaviour (Zeanah *et al.*, 2002), suggesting that this may present an independent problem rather than a type of reactive attachment disorder. Zeanah's study in Romania was highly criticised on ethical and legal grounds by Baroness Emma Nicholson, who accused the American researchers of violating the EU's rules on data protection, because data and videotapes obtained in Bucharest were sent to the USA for analysis, and because the institutionalised participants (70) were being disadvantaged by having to remain in the orphanage during the four-year programme rather than being placed with foster families. Furthermore:

The program [pilot unit] was housed in luxury [conditions] while [on] the other side of the wall hundreds of children languished in one of the worst and most impoverished institutions in Romania, one that the government would close if it had the resources.  
(*International Herald Tribune*, 2002)

These allegations draw attention to the ethical issues involved in studying childcare institutions in Romania. How the institutions were selected for participation suggests that the 'worst' ones are selected by foreign researchers in order to facilitate their expected results. Moreover, cultural biases may alter data collection (for example, most of the interviews with caregivers and parents were conducted in English, through an interpreter). The cultural biases could play a more important role than was estimated by the foreign researchers, as Romanian society is not a multicultural one and the presence of a foreign investigator is likely to affect the respondents' answers. The same fallacy was reported in Groza and American and Romanian Research Team, 2001, when a group of Romanian foster families were interviewed by American students through interpreters. A more appropriate procedure would be the use of



Romanian-translated instruments, preferably administered by Romanian-speaking researchers.

## **Findings and Limitations of the Studies on Romanian Children Adopted Abroad**

Studies on Romanian children adopted into several Western countries have addressed various questions concerning their development following adoption and employed different methodologies. They are consistent in several ways and the conclusions supported to date are:

1. Many children had significant physical and medical problems as well as developmental delays when they arrived in their adoptive foreign homes.
2. Children who had spent less time in Romania (in a variety of settings, mostly in institutional or hospital care) had fewer physical, medical and cognitive problems than children who had spent several months or years in Romania.
3. The physical and cognitive development of many Romanian adoptees showed impressive catch-up after their adoption, resulting in functioning that was in the average ranges within a few years of their adoption. However, the improvement of children who had spent considerable time in Romania (mostly in institutions) was not as great as that of children who had spent less time, and their overall levels of development remained lower.
4. There are concerns that the attachment patterns of these children show features of 'indiscriminate friendliness' and a small proportion of children also show 'autistic-like' features.
5. Attachment problems, inattention/overactivity, quasi-autistic features and cognitive impairment were associated with institutional privation, but emotional difficulties, poor peer relationships and conduct problems were not; also inattention/overactivity may constitute an 'institutional deprivation syndrome'.
6. Overall, 'duration of exposure to severe global early privation' was the most powerful predictor of individual differences in developmental outcomes.

However, before these conclusions can be accepted with confidence, certain limitations of these studies have to be considered carefully.



Research on international adoption usually involves the design known as 'natural experiment' (Serbin, 1997) in which a group of children who have been placed in adoptive homes, without any random assignment or other experimental control procedures, is identified. These types of natural experiment allow researchers to examine the effect of interventions which cannot be carried out ethically using true experimental designs. There is considerable potential for learning about human development and its limits from these situations. However, the studies on Romanian children mentioned above have reported different findings partly because they employed different measures; the children studied were of different ages at adoption and during data collection; different control groups were used; and, generally, different studies addressed different questions relating to the development of Romanian children adopted internationally after 1990. For example, there is a marked distinction between the North American studies on Romanian children, which focus mainly on the outcome of international adoption, and the UK study, which places a great emphasis on the previous experiences of the Romanian children, this study being more about the development of children following 'profound deprivation' in early life. These different questions should be addressed by careful selection of certain groups. For example, in order to examine the effect of early privation on subsequent child development, the best comparison group to use would have been the children who remained in Romanian institutions and who were not adopted, but to date none of the studies has included such a comparison group. Moreover, most of the studies employed 'convenience samples' (Groza *et al.*, 1998) sometimes solicited from a clinical population seeking services (Johnson *et al.*, 1992 used families who sought help from doctors and clinics). The fact that most of the research on Romanian children adopted abroad was triggered by initial reports about their poor development also raises serious questions about their representativeness. The non-response rate of such studies is also problematic: even though the authors offer assurance that the response rates were within acceptable limits by statistical standards, because the research was dealing with a sensitive issue, the non-response rate may reflect other factors (such as the concerns of adoptive parents that research might threaten the legitimacy of their adoptions or question whether the adoption was in the best interests of the child or of their community). Romanian inter-country adoptions were (and still are) a particularly controversial issue, especially because of the high prevalence of illegal routes through which these adoptions were pursued.



There is controversy regarding how the groups of Romanian children were assessed in terms of their pre-adoption experiences (institutional as against family rearing). It is acknowledged now that a significant proportion of children from Romania were taken from their birth families rather than from institutions. However, in some of the studies mentioned above, even though the distinction was made between children adopted from institutions and those adopted directly from families, in respect of the presentation of findings these two groups were 'conveniently' pooled together, with the specious justification that even children taken from families experienced 'severe early privation' (Rutter *et al.*, 1998). Moreover, the emphasis is placed on the age of the child at the time of adoption (i.e. before or after 4, 6 or 8 months respectively) rather than on the type of care the child received prior to adoption. There are reasons to believe that children adopted earlier (and who in some subsequent studies were reported to be less impaired and more advantaged in catch-up) are more likely to have been taken from families. One of these reasons is the fact that (as explained in the previous chapter) in July 1991 Romania imposed a moratorium on inter-country adoptions (which lasted for nine months), after which the only legally adoptable Romanian children were those living in institutions and aged over 6 months. Therefore, after July 1991 Romanian children aged under 6 months simply could not have been adopted. Of course, this regulation did not stop Romanian children being taken abroad illegally at even younger ages, but again, these illegal adoptions were more likely to involve children from families, as those in institutions were subject to closer scrutiny from the authorities.

The research on Romanian orphans adopted abroad is almost entirely based on the assumption of 'severe global early privation' (Kreppner *et al.*, 1999; O'Connor *et al.*, 1999; Rutter *et al.*, 1998) shown in Western media presentations of Romanian childcare institutions in the early 1990s, as well as the testimonies of foreign charity workers (Liddy, 1991; Simkins, 1998), researchers (Kaler and Freeman, 1994) and prospective foreign adoptive parents (Pullar, 1991). These testimonies were subject to personal and cultural biases – and it is acknowledged now that Romanian childcare institutions in the early 1990s varied greatly in quality and that they were mirroring the general poverty within the local community (Groza *et al.*, 1999).

What the studies on Romanian children adopted abroad seem easily to overlook is the fact that the influences, particularly negative influences, on these children's lives were



exerted before they entered institutional care, whether this happened sooner or later after their birth. The study by the Children's Health Care Collaborative Group (Stephenson *et al.*, 1993, 1994) on a national representative sample of young children living in institutions in Romania in 1991 showed that most of the children had medical and associated developmental problems *at the time of admission* into institutional care, and in most cases these problems were the reasons why these children were referred to care. This important information seems to be ignored in most of the above-reviewed studies on Romanian children adopted abroad (only Castle *et al.* 1999 quoted the 1991 Unicef study). The circumstances of these children even before they entered care in Romania have to be taken into account when assessing the individual differences in outcomes and when exploring the developmental predictors. As Johnson (1996) put it:

Kids aren't in orphanages because they come from loving, intact families with a good standard of living and ready access to good health care and nutrition. Abandonment by a destitute, single parent with poor parental care and inadequate diet is the most common reason why a child is available for adoption. [...] Over fifty per cent are low birth weight infants, many are born prematurely, and some have been exposed to alcohol in utero. These kids are a high-risk group by any standards. (Johnson, 1996)

Fortunately, some the research on Romanian children adopted abroad has involved ongoing longitudinal studies which will continue to address their progress, hopefully shedding more light on the controversial issue of inter-country adopted children, particularly those from Romania. Certainly, different aspects of their development become prevalent as they move into adolescence, including identity issues, social relationships, school achievements and so on.

Since most of the research has focused primarily on young children, the findings cannot be generalised to children adopted from Romania during their school-age years or when they were older. Although some older children were included in some studies, their numbers were small. A recently reported Dutch study on Romanian children adopted at an average age of 2.9 years (Hoksbergen *et al.*, 2002) may address this issue in future longitudinal reports.



Much less is known about children who are reared in institutions for many years, but who did not enter the institution until after the age of 3–4. The only evidence about this particular child population comes from studies of children admitted to institutions in middle childhood, but most of these children stayed in institutions only for short periods of time (Wolkind and Rutter, 1973). The results have shown increased levels of emotional disturbance for those children in spite of the fact that they did not experience ‘early years of institutional rearing’. Furthermore, much less is known about the adjustment of teenagers who have spent several years, often most of their lives, in institutions. Previous longitudinal studies on children reared in institutions failed to include teenagers as most of them were adopted or released from institutions before they reached adolescence (Hodges and Tizard, 1989a, b). Since the findings on the ‘rescued’ teenagers showed that by the time of adolescence some aspects of early institutionalisation seem to attenuate, there is the possibility that even in the absence of being rescued from institutions, a process of natural ‘resilience’ may occur by this stage.

The present study addresses some of these issues by examining the developmental adjustment (attachment to adult figures and peers, behavioural and emotional difficulties, level of intellectual development, school performance and family connectedness) of a group of 100 teenagers (50 boys and 50 girls, aged 12 to 16) growing up in state childcare institutions in Romania.



# **Chapter 5**

## **Research Methodology**

This chapter describes the research aims and the methodology employed to address the research questions. The research had four main objectives:

1. To assess the quality and the patterns of care provided by two Romanian childcare institutions for school-age children (findings presented in Chapter 6).
2. To explore the effects, if any, of institutional care on the developmental adjustment of adolescents growing up in state childcare institutions in Romania (findings presented in Chapter 7).
3. To examine the extent to which any effects are mediated by teenagers' institutional experience and pre-admission factors (findings presented in Chapter 8).
4. To explore, through in-depth qualitative methods, family connectedness in teenagers growing up in institutions and in two-parent families (findings presented in Chapter 9).

A number of issues relevant to the present study had emerged from the review of previous studies on the effect of institutional rearing and consequent child development, as well as from studies on Romanian children adopted abroad. These were:

1. The main emphasis, in the literature and in the policies which built on previous research findings, concerned the effects of residential care in the first few years of life. However, less is known about children who are reared in institutions for many years but who do not enter institutional care until after the age of 3 or in middle childhood.
2. Much less is known about the adjustment of teenagers who have spent several years in institutions and continue to do so. Previous longitudinal studies on children reared in institutions failed to include teenagers as most of them were adopted or released from institutions into alternative care before they reached adolescence (Hodges and Tizard, 1989a, b).



3. Improvements in the quality of institutions have led to a marked reduction of cognitive deficits in children living in them, but not in their social relationships (Tizard, 1977; Tizard and Hodges, 1978; Tizard and Rees, 1974, 1975).
4. In previous studies of infants reared in institutions and rescued through adoption, the duration of institutional rearing was found to be the main predictor of their adjustment; however, it is not certain whether duration of institutionalisation or the child's age at admission would explain in the same way the effects of institutional care that begins after the early years of childhood.
5. A further issue concerns the question of whether the nature of later adjustment stems from the experience of institutional care *per se* or from the experiences which preceded it and which implicitly led to an admission into care.
6. There is a need for in-depth exploration of issues related to family connectedness in children and teenagers living in institutions, as this could have important implications for developmental adjustment as well as for issues concerning leaving care.

The opportunity to examine some of these issues was provided by the particular circumstances of young people experiencing institutional care in Romania. Unlike in most Western countries, in Romania substantial numbers of children are still brought up in residential care. Some of these children enter care in infancy, but a large number do not enter institutions until middle childhood. The reasons for their admission into care are mainly related to their parents' financial difficulties, against a background of family disintegration through divorce or the unavailability of one parent. Moreover, over the last decade the living conditions in Romanian childcare institutions have improved dramatically, and the recent Romanian child welfare reform had tried to make childcare practices more child-centred. There is substantial stability in staffing in these institutions, mainly as a result of the low social mobility that characterises the country as a whole. However, although staff turnover is less marked, the patterns of care still have features that have been considered disadvantageous in some respects for child development. The present research addresses some of these issues through an exploratory study of one hundred Romanian children, aged 12 to 16, who had been in residential care for several years. The core study, concerning the developmental adjustment of teenagers living in state childcare institutions in Romania, employs an exploratory comparative design, the teenagers experiencing institutional care being compared with a similar group of



Romanian teenagers living with their families. The teenagers' developmental adjustment is assessed in the areas of attachment to adults and peers, behavioural and emotional strengths and difficulties, level of intellectual development, school performance and family connectedness. These particular dependent variables were selected because previous studies on children experiencing institutional rearing have documented the various problems those children display in forming secure attachments with adults and peers, in behavioural and emotional functioning, and in intellectual and school achievement. Variations in the development of the teenagers brought up in state care institutions are further considered in relation to a series of variables that reflect different types of possible mediating mechanisms (risk and protective factors). The independent variables were assessed from children's institutional records and subgroups were divided according to their categorisation. These variables (presented in detail in Chapter 8), which take into account each teenager's family and institutional history, are broadly grouped into three categories:

1. Experiences prior to admission into an institution, such as quality of family environment and the presence of dysfunctional parental behaviour.
2. Individual institutional history/care career, including age at first admission to institutional care and length of time spent in institutions.
3. Experiences during institutional care, such as the amount of contact with family during institutional placement and the presence of siblings within the same residential unit.

Finally, qualitative data relating to the teenagers' sense of family connectedness were analysed and compared across the two groups.

## **Selecting the Research Subjects and Research Procedure**

The research involved two groups of young people aged between 12 and 16. The first was a group of 100 boys and girls, who at the time of study had been living in child state care institutions in Romania for at least 2 years. The second was a group of 100 boys and girls who had been brought up and were still living with their parental families. This second group was used for comparison with the first.



The data collection, therefore, involved two major research sites: one consisting of childcare institutions (for subjects in the 'in-care group') and the other consisting of community schools (for subjects in the 'family group'). The research was well-received by both groups of young people as well as by care staff and teachers, who supported it by providing time for the children to be tested as well as by providing documentation, taking part in discussions and undertaking the completion of the educators'/teachers' questionnaires.

A pilot study took place during July 2000 primarily to validate the assessment instruments. Romanian translations were checked by Romanian schoolteachers in order to assess the degree of understanding. No major alterations were required.

### **Data collection in respect of the State care group**

The criteria for selecting the teenagers growing up in institutions were that they were considered to be physically and mentally healthy (not mentally retarded) and that they had been living in the same residential care unit for at least two years. These young people were located within two 'School-age Placement Centres', one for boys and one for girls. The two Placement Centres are located within the same county, in the Transylvania region of Romania<sup>1</sup>. Written permission was required from the County Directorate for the Protection of the Rights of the Child to collect data from the two 'Placement Centres for School-Age Children'. The permission request was supported by the Romanian Academy's Institute of Psychology. Permission was granted on the conditions that the study would respect subjects' confidentiality, ensure anonymity and provide data and results for use by the Directorate.

The aim was to include all the children between 12 and 16 years of age within both Centres. At the time the fieldwork began (August 2000) there were 110 children (57 boys and 53 girls) aged between 12 and 16 years in the two Placement Centres. They were all invited to participate in the study. Four of them (one girl and three boys) refused to participate and another boy did not complete the entire set of questionnaires. After preliminary analysis, a further four boys and two girls were eliminated from the analysis, as their responses were deemed invalid. The remaining 100 children were equally

---

<sup>1</sup> For protecting the participants anonymity, the county and the localities of the two Placement Centres cannot be named.



distributed by gender (50 boys and 50 girls). This group is referred to as the 'state care group' or 'in-care group' and the subjects are referred to as 'teenagers' or 'young people' (according to their age span). The demographic characteristics of the groups of teenagers living in care are presented in Chapter 6, together with the description of the Placement Centres and their residents.

Data collection in the Placement Centres started in August 2000 and was undertaken mainly during school holidays (August–September 2000, January 2001 and April 2001) in order to avoid interference with the teenagers' school programme. A meeting with the 'target' children in each institution (those aged between 12 and 16) was organised by the directors, during which the researcher explained the nature and purpose of the study, along with issues of participation, confidentiality, consent and the freedom to withdraw at any time during the procedure. The subjects' participation was arranged on a voluntary basis upon individual (verbal) consent to participate and on a mutually pre-agreed schedule. The test completion took place in the 'library rooms' of the Centres, in small groups of 4–5 participants, taking approximately 1½ hours (during morning time). A break of five minutes was taken before the completion of the SPM (the last test) when sweets and refreshments were provided. The 'Family Chess Board' procedure was administered to a subset of teenagers, followed by individual interviews (of approximately 30–40 minutes' duration) held in the afternoons, in private rooms within the Centres. The interviews were tape-recorded with the agreement of the subjects.

The research procedure was also well-received by all the staff members (both caregivers and administrative staff) in the Centres. They proved to be very helpful during the entire period of data collection in providing time for interviews and discussions, additional documentation and information, as well as in completing the questionnaires regarding the teenagers. The internal documentation needed for data collection, such as the children's institutional records and the visitors' records, were consulted by the researcher in the Centres and notes were taken by the researcher (as these documents could not be removed from the premises).

#### **Data collection in respect of the Family group**

For comparison purposes, a parallel group of 100 teenagers aged 12–16 who had been brought up with their parental families was selected to participate in the study. This group is referred to as 'the family group'. In selecting the subjects for the family group, it was



necessary to take into consideration the geographical location as well as the structure of the education system (in Romania, children under 14 attend 'general schools' and after the age of 14 they attend separate 'high schools' or 'vocational training schools'). In order to match these requirements, the subjects from the family group were recruited from three schools. The young people under the age of 14 in the family group were recruited from two local 'general schools': one in town G, which is also the school that most of the girls from the Placement Centre for Girls attended, and another in town B, which is also the school that most of the boys from the Placement Centre for Boys attended. The subjects over the age of 14 were recruited from a local 'High School' situated in town G, which was also the High School attended by most girls in care of high-school age. As the educational system in Romania is very uniform, there are no significant differences in schooling patterns or in curriculum between schools.

The permission to collect data from schools (for the subjects in the family group) was individually granted (through verbal agreement) by the directors of the three schools chosen for data collection. Further contacts were made with the teachers who were 'Heads of class groups' (*diriginti*). The criteria for the subjects' selection was that they had attended the same school for at least one year (as those children entering the 9th grade change schools when entering the High School), and that they had been brought up within their parental families and continued to live with them at the time of study. The children from the family group were matched for gender (50 boys and 50 girls) and, where possible, by age (i.e. being born in the same year) with the children in the state care group.

The data collection for the family group started in September 2000 and took place in the schools. It was agreed with the teachers that the most convenient way to ask pupils to fill in the questionnaires and to interview them was during school time when all of them attend school. The teachers made one hour available for questionnaire completion. The questionnaires were completed in class groups (of 25 to 30 pupils) in classrooms, under the supervision of the researcher. The nature and aim of the study were explained, as were issues related to confidentiality, informed consent, etc. All the teenagers agreed to participate in the study. The individual interviews (tape-recorded, and up to one hour in duration) took place after classes (in the afternoons), when a subset of teenagers was invited to attend an individual meeting with the researcher (held in private rooms within the schools).



Individual meetings and discussions with teachers took place regarding the situation of particular children. The teachers also completed the informant version of SDQ and made school records available for data collection. This, along with additional forms of documentation, was consulted by the researcher in the school premises and notes were taken.

The comparative analysis of the demographic characteristics of the two groups included in the study is presented in the 'Preliminary results' section of Chapter 7.

### **Representativeness and limitations**

The 1998 Romanian Census recorded 98,872 children housed in 653 different types of childcare institution across the country. In 2000, the Romanian Government recorded that there were 6 million children under the age of 18 in Romania, 2 per cent of whom were looked after by public services (ANPCA, 2001). According to the same source there were approximately 153 childcare institutions in Romania similar to those included in the study. Between them, they care for over a third (35.6%) of the total population of children (under 18) looked after in residential institutions in Romania. Because the residential structure has been and still is very uniform in Romania, the two study institutions can be considered to be highly representative of/similar to other Placement Centres for normal school-age children across the country. There are, however, significant differences between the study institutions and childcare institutions for pre-school children or children with learning difficulties, for example. It could be argued that the inter-regional level of economic development would also have an impact on the quality of living conditions and quality of care provided by childcare institutions. Romania has been reported as having the lowest level of regional economic disparities among Eastern European countries during the mid-1990s; moreover, it has been acknowledged that the level of regional disparities in Romania is similar to that in the UK, which is the second lowest among EU countries (Petrakos, 2001). The two study Placement Centres from the Transylvania region can, therefore, be considered representative of the whole country.

At a county level, the children looked after by the County Directorate for the Protection of the Rights of the Child represent less than 1 per cent (0.64%) of the county's total child population. The children in care in the two study Centres represent about one fifth of the total number of children looked after within the county (DGJPDC, 2000).



## **Data Sources and Instruments**

The research employed complementary quantitative and qualitative approaches, combining the assessment of developmental variables through normative tests and questionnaires with systematic observation, interviews (with managers, staff and residents) and biographical data gathered on residents and staff. Extensive data were also collected from relevant documents such as children's files, children's psycho-pedagogical profiles as assessed by educators, visitors books and the residents' entries/exits logbook, as well as from official reports and statistics provided by the County Directorate for the Protection of the Rights of the Child.

### **Observation**

Of the five months dedicated to fieldwork, the researcher spent about two months in each Placement Centre, providing the opportunity to observe at length life in the Centres, and to interact and talk with residents and with staff. The Centres were visited at different times during the day (mornings as well as afternoons-evenings), during the week as well as weekends, and during school holidays as well as during term-time. Observational information was recorded in detail throughout the day and not just at specific intervals. A range of incidents were recorded which appeared to be significant in allowing the researcher to gain a through understanding of the life of the Placement Centres.

The observation schedule recorded information about the establishments, the staffing and staff responsibilities, the daily routine and the pattern of schooling, the nature of the interaction between residents and staff, and the links between Centres and children's families, school and the surrounding community.

### **Interviews**

As part of the process of gaining access to the Placement Centre the researcher met the Manager of Residential Services within the County Directorate for the Protection of the Rights of the Child. On this occasion, a quasi-formal discussion took place (since, owing to time constraints, the manager was not available for a formal interview). However, she was helpful in providing a general overview of child protection activity within the county and specifically regarding the residential service provision for children. She also made written documentation available to the researcher. The overall managerial perspective



was marked by a struggle to deliver effective services while implementing the 1997 child protection legislation.

The interviews with the Centres' directors took place on two occasions: first, during the researcher's first visit to the Centres, and then during another interview at the end of the data collection stage. The interviews each lasted for up to two hours and were an invaluable source of information as well as providing insight into the 'first-line' management of the Placement Centres. The interview schedules covered topics such as:

- aim, scope and historical overview of the Centre
- characteristics of the residents within the Centre, including what are considered as being their most important needs and how these are met by the care provided in the Centre
- staff background, responsibilities and overall performance
- young people's lives beyond the Placement Centre (links with families and school, young people living in care)

In addition, informal discussions with the Centres' directors were held on several occasions during the study. Both directors proved to be very helpful in providing support, information and access to documentation throughout the study. Overall, the two directors seemed to have extensive knowledge about the children and life within the Centres, probably because both of them had worked previously as carers within the same centres.

Two group interviews (with 7 participants in each group) were held with the care staff in each of the two Centres, but individual discussions with staff members were held throughout the study. The group interviews covered topics related to:

- caregivers' duties and responsibilities within the Centres
- caregivers' perspectives on the children's lives within centre, including types of interaction with children (e.g. how discipline is maintained) and children's behavioural problems

Individual interviews were held with the social workers in the two Centres regarding the same topics.

For the purpose of assessing young people's views about their lives in the Placement Centres, 40 individual interviews (of up to 45 minutes' duration) were held with young



people living in the Centres. The participants were selected on a voluntary basis. Twenty-seven girls and twenty-three boys (aged between 7 and 18) agreed to be interviewed about their lives in the Centres. Also, a group interview was held with six young men (aged 16 to 18) who were living in post-institutional care accommodation about their lives beyond the Placement Centres.

The interviews with residents covered the following topics:

- their experience of coming into care and previous family experience (where applicable)
- their experience of being in care: their lifestyle in the Placement Centres; their relationships with staff and peers, contact with their families and the experience of 'legal abandonment' (where applicable) and their general well-being
- their experience of school: school attendance and enjoyment, and treatment at school
- their future plans and life beyond care
- their overall view of the care system: the best/worst things about being in care and what aspects they would like to change

The responses were personal and individual. Rather than attempting to categorise them, the young people's comments are presented verbatim. It is possible, however, that the translation into English of the sometimes 'idiomatic' speech of the young people has, at times, altered the meaning.

## **Document Data Sources**

### ***Children's institutional/social records***

Children's institutional records comprise, ideally, all the official documents issued since the child was put into state care: the mandatory social inquiry (commissioned by the County Directorate for the Protection of the Rights of the Child), the Decision of the Commission for Children's Rights Protection to put the child into state care, additional relevant medical, school and psychological records, and the periodic reassessment of the family situation and further decisions of the Commission for Child Protection to maintain the child in state care. Recently, the records tend to include a photo of the child. The



institutional record is the main source of information regarding a particular child's family and previous institutional history.

In practice, the institutional records varied in quality – they were far from being equally detailed and up to date. Data were not consistently available, especially for those children who first entered the state childcare system before 1990 and went through different institutional placements. This is mainly due to the fact that until the mid-1990s in Romania there was no 'central authority' dealing with institutionalised children (such as the County Directorate for the Protection of the Rights of the Child represents now) so each institution kept its own records and these did not follow a child from placement to placement. Thus, an improvement in the accuracy of children's records was taking place. Owing to the efforts of the non-governmental organisations that were working in partnership with the County Directorate for the Protection of the Rights of the Child in programmes aimed at reintegrating children with their natural families, the children's records are reassessed periodically (at least once per year) and their families are followed up for reassessment.

### *Educators' assessment of children*

As part of their formal duties, the educators in the two Centres have to keep up to date a form called 'The Child's Individual Profile'. This so-called 'profile' has been designed as a pedagogical instrument for monitoring a child's progress in school as well as an assessment for school performance intervention. The form is filled in by the educator to whose care the child has been assigned. Completing the form requires the educator to have a good knowledge about each child's situation, which he/she gets from the official record. The form is updated every six months and covers aspects such as:

- the child's personal information: name, date of birth, etc.
- information about the child's biological family: details about birth parents and their present situation, details about the child's siblings and extended family (such as grandparents and other relatives) and the child's juridical status and frequency of parental contact
- the child's care history: previous care institutions attended, with dates and duration of placements



- the assessment of the child's school performance and overall behaviour, flagging the areas which require intervention
- an individual care project designed as an intervention plan, in which the educator sets out goals (e.g. to correct a particular behaviour), assesses the activity/method through which to achieve the set target(s) and provides feedback on its effectiveness.

### *Visitors' Book*

Under the 1997 Law Concerning Children Growing up in State Care Institutions in Romania, every childcare institution is obliged to keep a strict record of children's contact with their families, in order to prove in Court any case of 'legal abandonment'. In the study Centres the contacts between children and their families have been recorded since 1998 in a 'Visitors' Book' that had separate entries for each child. Here notes were made regarding any contact the child has with its family: visits by parents/relatives, home visits made by the child, and letters or phone calls from parents or relatives.

### *School records and teachers' accounts*

Information about children's school performance was collected from educators' profiles of children and supplemented by data collected directly from school records and teachers' accounts. In Romanian schools, every pupil has a personal school record that contains the marks he or she has obtained during term-time and any observations regarding his or her overall school performance and behaviour as assessed by the teacher who is 'head of class'. The 'head of class' (*diriginte*) is a teacher who has overall administrative and 'pastoral' responsibility for a class of 20 to 25 pupils. The head of class may be teaching any subject, but the school curriculum provides, on average, one hour per week for a 'pastoral class' which provides civic and health education and deals with the administrative issues of the class and pupils. The head of class also engages with the pupils in extra-curricular activities (school trips, summer camps) and is expected to visit the pupil's family at least once per year. Also, once a term the teacher holds a general meeting with the parents of the pupils in the class and ensures that pupils' personal records are accurate and that parents are well informed about their children's school performance.



In addition to the above-mentioned data sources, a series of relevant documents were consulted, including:

- Official Reports/publications of the County Directorate for the Protection of the Rights of the Child
- Official Reports/publications of the National Authority for Child Welfare and Adoption
- publications of the National Institute for Statistics of Romania (regarding general demographic data)

## **The Assessment of Developmental Outcomes**

The developmental outcomes (dependent variables) tested in the present study were: attachment to adult figures and peers, behavioural and emotional well-being, intellectual development, school performance and family connectedness.

### **Assessment of Attachment Towards Adult Figures and Peers**

The *Inventory of Parent and Peer Attachment* (the IPPA: Armsden and Greenberg, 1987) was used to assess the degree/quality of attachment that adolescents experience with respect to adults and peers. Its use in different types of psychological studies on adolescent populations has confirmed it as being a comprehensive, multi-dimensional measure of attachment, and one of the few developed measures of attachment in a self-report questionnaire format designed specifically for the adolescent population.

Different psychometric instruments have been developed to measure the quality of attachment relationships in both adults and children, on the basis of different theoretical positions. The measures based on attachment theory are either interview-type instruments, such as the 'Adult Attachment Interview' (George *et al.*, 1984) or self-report measures, such as the 'Parental Bonding Instrument' (Parker *et al.*, 1979). Most of them assess the nature of early affective ties between parents and children as recalled by adults. Within the same theoretical framework, observational measures have been developed for infants and young children such as Ainsworth's 'Strange Situation Procedure' (Ainsworth, 1991). Some of the other measures translate the 'infant attachment styles' in terms appropriate for adult relationships, such as the 'Attachment-style Prototypes Self-report' developed



by Hazan and Shaver (1987). For the present study, the IPPA was considered more appropriate, being designed specifically for the adolescent population. Also, being a relatively short self-report measure, it was more suitable for use with a large number of subjects and with other dependent variables involved in the present study. Apart from its advantages in terms of practicability and appropriateness for the target population, the IPPA offers a comprehensive and separate measure for attachment to both parents and peers.

Using the conceptual framework of attachment theory, the IPPA was developed to assess adolescents' perceptions of the positive and negative affective/cognitive dimensions of their relationships with their parents and close friends. Specifically, it measures how well these figures serve as sources of psychological security. Armsden and Greenberg (1987) define attachment as an enduring affectional bond of substantial intensity and aim at developing a measure of attachment that offers a comprehensive coverage of Bowlby's theoretical formulations concerning the nature of feelings towards attachment figures. The model acknowledges the fact that with increasing age, behaviours promoting proximity to attachment figures become somewhat less intense, and affective/cognitive dimensions (e.g. frequent and symbolic communications) become increasingly effective in providing comfort.

The hypothesised 'internal working model' of attachment used for this instrument has three broad dimensions:

1. *Trust*: the adolescent's trust in the accessibility and responsiveness of the attachment figures (that they understand and respect her/his needs and desires).
2. *Communication*: the adolescent's perceptions as to whether the attachment figures are sensitive and responsive to her/his emotional states (quality of communication with attachment figures).
3. *Alienation*: the extent of the adolescent's anger or emotional detachment resulting from unresponsive or inconsistently responsive attachment figures (since these are seen to be responses to actual/threatened disruption of an attachment bond).

This model is also based on clinical observations that suggest that adolescents' attachment is critically influenced by elements of trust, mutual respect and good rapport in relationship with parents and peers, and emotional detachment is seen as an attachment disturbance.



The IPPA consists of two scales that are scored independently: the Parent Scale (28 items) and the Peer Scale (25 items). Each scale is self-reported, with items rated on a five-point Lickert-scale response format, the two extreme responses being scored as 1 or 5, depending on whether the item was positively or negatively worded. The item content formulations concern the nature of adolescents' feelings towards attachment figures in the three dimensions described above, which form three sub-scales as follows:

1. *Trust sub-scale* – items suggesting themes of parental/peer understanding and mutual trust, e.g. 'My parents/friends respect my feelings'.
2. *Communication sub-scale* – items related to the extent and quality of communication with parents/peers: e.g. 'I tell my parents/friends about my problems/troubles'.
3. *Alienation sub-scale* – items suggesting feelings of alienation/anger and detachment isolation towards parents/peers: e.g. 'My parents/friends don't understand what I am going through these days'.

Summing across relevant items yields separate scores on these three sub-scales and a summary score of quality of attachment is separately defined for parents and peers as the degree of trust and communication relative to alienation.

On the basis of IPPA scores, Armsden and Greenberg have developed and tested an exploratory categorisation of subjects into two attachment comparison groups that are maximally distinct (Armsden and Greenberg, 1987). These are the *High Secure* and *Low Secure* attachment groups. This categorisation allows the examination of individual differences in attachment across types of relationship, parent and peer attachment being considered separately. In order that these individual differences in attachment may be examined, the score distribution of each IPPA sub-scale (trust, communication, alienation) is divided into three: lowest, middle and highest. The individuals are assigned to the High Secure attachment group if their alienation scores are not high and if their trust and communication scores are at least at medium level. Individuals are assigned to the Low Secure attachment group if their trust and communication scores are both low and if their alienation scores are at a medium or high level.

Developed within the framework of attachment theory, the IPPA has been successfully used in a variety of studies. Originally, it was used with subjects aged 16 to 20, but the instrument has been used with adolescents as young as 12 (Greenberg *et al.*, 1983). Recent studies have used the IPPA as a measure of perceived attachment quality in young



adults (aged 18 to 23) who were victims of childhood physical abuse (Lopez and Heffer, 1998) in relation to variables such as self-concept and social competence. Muris *et al.* (2001) used the IPPA in a study yielding a relationship between attachment quality and symptoms of anxiety and depression in adolescents aged 12 to 14. Other studies have used the IPPA to assess the quality of peer relationship as a mediating factor in educational underachievement and later unemployment risk in teenagers (Woodward and Fergusson, 2000). The IPPA has been used also in career-oriented studies focusing on the importance of parent and peer relatedness in late adolescents' career development (Felsman and Blustein, 1999). In a more recent study (McGinn, 2001) it was used to assess attachment and psychological separation in adopted and non-adopted adolescents.

Initial internal reliabilities of the IPPA were reported at .87 and .89 for the Parent Scale and .92 for the Peer Scale (Armsden and Greenberg, 1987). Subsequent studies have reported variable reliability indices: very high (between .93 and .95 for the two scales reported by Felsman and Blustein, 1999) or moderate (between .42 and .91 reported by Muris *et al.*, 2001). Most commonly, the trust sub-scales have shown high internal reliabilities for both Parents and Peer Scales (respectively .92 and .91), with the communication sub-scales showing moderate indices (.75 and .87) while the alienation sub-scales have shown lower reliabilities (.42 and .61, respectively). However, as most Cronbach's alpha coefficients were above .60 the IPPA is considered generally reliable in terms of internal consistency.

Evidence supporting the validity of the instrument is derived from studies examining the role of perceived quality of attachment in adolescence. Scores on the IPPA have been associated with measures of family environment, psychological well-being and support-seeking behaviours. As expected, parental and peer attachment related positively to well-being, self-esteem and life satisfaction. Furthermore, the quality of parent and peer attachment predicted the adolescent's depression/anxiety and alienation scores (Armsden and Greenberg, 1987; Muris *et al.*, 2001). Both the Parent and Peer attachment scales have been used also in educational and career-oriented studies of adolescents (e.g. Felsman and Blustein, 1999; Woodward and Fergusson, 2000) yielding results that coincide with theoretical predictions (e.g. weaker peer attachments were associated with adolescents' school-related problems and attachment to peers and parents were positively associated with progress in committing to career choices).



In order to assess the quality of attachment of the adolescents growing up in institutions it seemed inappropriate to ask them to answer the questions in relation to their parents, as some of these children had lost contact with their parents for several years and others had never lived with their parents at all. Therefore, in the present study, an adapted version of the Parent Scale of the IPPA was used. The Parent Scale of the IPPA was modified in order to provide the subjects with the opportunity to choose an adult attachment figure who might or might not be a parent. The modified version, named 'The Attachment Figure Scale', is divided into two parts. The first part begins by offering the subjects a broad description of what an 'adult attachment figure' means in order to help them identify such a person in their lives:

Most people have a person that they feel most close to, whom they ask for support and help, whom they feel emotionally attached to. Generally, this 'key person' is an adult person, could be one of your parents, or grandparents, or other relatives or a non-related person such a favourite teacher or an adult friend.

Next, the subjects were asked to identify such a person in their lives and provide some details about this person (such as the age and gender) and about the relationship with this person (such as frequency of contact and amount of time spent with them). At the end of part one, the subjects were given the opportunity to describe, in their own words, different aspects of their relationship with the attachment figure (through an open-ended question):

Please describe in your own words, in the space provided below, your relationship with the 'key person' that you named above.

After this introduction, in part two subjects were asked to complete the adapted 'Adult Attachment Figure Scale' answering the questions in relation to the adult person whom they had identified previously. The Adult Attachment Figure Scale comprises the same items as the Parent Scale of IPPA, except for those items with specifically family-related content. Accordingly, the items were rephrased to refer to 'the key person' instead of the parent. Both the family and the care groups of teenagers completed the Adult Attachment Figure Scale. The family group also completed the original Parent Scale of the IPPA in order to analyse the statistical properties of the adapted scale.



In order to assess the quality of attachment experienced in relationship to their peers, adolescents in both groups completed the Peer Scale of the IPPA as designed by the authors in its original version.

### **Assessment of Emotional and Behavioural Well-being**

In order to assess teenagers' psychological health, the Strengths and Difficulties Questionnaire (SDQ) was used (Goodman, 1997). Numerous screening questionnaires have been developed and used in epidemiological studies in order to assess children's/young people's psychological health. Traditionally, such screening questionnaires have focused on recognised constellations of psychiatric symptoms, and according to whether symptoms' scores fall above or below a 'caseness cut-off', young people are designated as 'cases' or not. Usually these instruments use parents' or teachers' reports of children's behaviour. Probably the best-known instrument is Rutter's Parents' and Teachers' Scales (Rutter *et al.*, 1981) developed and used in a series of epidemiological studies in the UK, and the 'Child Behaviour Checklist' (Achenbach, 1983 cited in Goodman, 1997), developed in the USA, which has been translated and used internationally in studies on children.

The Strengths and Difficulties Questionnaire is a recently developed instrument (Goodman, 1997) for assessing children's and adolescents' psychological health. Initially designed as an extension and update of Rutter's scales, it comprises more features, which add to its increasing popularity. The novelty of SDQ, as compared to previously used instruments, is that it consists of a self-report (for teenagers) as well as an informant report (completed by parents or teachers), with a balanced coverage of young people's behaviours, emotions and relationships. It is already available in over thirty languages and is being widely used in epidemiological, developmental and clinical research, as well as in routine clinical and educational practice. Also, it improves upon previous instruments by focusing on children's strengths as well as difficulties (problems) and, as regards practicability, it is shorter in length.

The SDQ consists of 25 items (10 strengths, 14 difficulties and one neutral) divided between 5 scales of 5 items each, generating scores for: conduct problems (e.g. 'Often has temper tantrums or hot tempers'); hyperactivity (e.g. 'Restless, overactive, cannot stay still for long'); emotional symptoms (e.g. 'Often unhappy, downhearted or tearful'); peer problems (e.g. 'Rather solitary, tends to play alone'); and pro-social behaviour (e.g.



‘Helpful if someone is hurt, upset or feeling ill’). A ‘total difficulties score’ is generated by adding the sub-scales’ scores, except for the pro-social behaviour score which measures ‘strengths’. The SDQ has an informant-rated version that can be completed by either the parents or the teachers of children/teenagers aged between 4 and 16. The self-report version of the SDQ is for self-completion by young people aged between 11 and 16. The 25 items cover the same attributes as the informant-related version, the only difference being a grammatical change from third to first person. The close correspondence of the two versions was designed to increase the comparability of the ratings obtained from the respondents. According to the authors (Goodman *et al.* 1998), the self-report scores by themselves would not be an adequate basis for assigning individual diagnoses, and so where possible informant-rated SDQs should be collected in parallel with self-report scores. Each item can be marked ‘not true’, ‘somewhat true’ or ‘certainly true’, extreme responses being scored 0 through 2, except for inverse items where the coding is reversed. The score for each of the five scales is generated by summing the scores for the five items which make up that scale, thereby resulting in a scale score ranging from 0 to 10. The total difficulties score is generated by summing the score for hyperactivity, emotional symptoms, conduct problems and peer problems, resulting in a total score ranging from 0 to 40. For categorical analysis Goodman (1997) suggested the following bandings: 80 per cent of subjects in the sample are *normal*, 10 per cent are *borderline* and 10 per cent (above the 90th percentile) are in the *clinical* range. Provisional bandings of informant-rated scores and self-report scores into ‘normal’, ‘borderline’ and ‘abnormal’ were derived from community and clinical samples in different studies (Goodman, 1997; Goodman *et al.*, 1998).

Even though it is a relatively new instrument, the SDQ has been successfully used already in various studies. It is designed for assessing the psychological health of children and young people aged between 4 and 16, and has been used in a wide range of studies focused on children’s adjustment in step-families, non-step-families and single-parent families (Dunn *et al.*, 1998); it has also been used to assess ‘hard-to-manage’ pre-schoolers (Hughes *et al.*, 1998, 2000) and in respect of bullying behaviour in schoolchildren (Wolke *et al.*, 2000). Recently, it has been used for assessing children’s emotional and behavioural well-being in the Health Survey for England (McMunn *et al.*, 2001).



Internal reliability coefficients for SDQ scales were reported in previous studies as being satisfactory. In a Swedish general population sample (Goodman and Scott, 1999) Cronbach's alphas for the parent-completed SDQ were reported with values between .51 and .76. For the self-report form, alpha coefficients were reported also between .61 and .75 (Goodman *et al.*, 1998). Also, test-retest reliabilities were found satisfactory in a British sample general population (Goodman and Scott, 1999). The concurrent validity of the SDQ has been proved by the high correlation between SDQ and other well-established questionnaires such as the Rutter's Scales and the Child Behaviour Checklist. Scores from the SDQ and Rutter questionnaires and CBCL were highly correlated and equally able to discriminate between cases of child psychological morbidity and controls (Goodman, 1997; Goodman and Scott, 1999).

In the present study, both self-report and informant-rated versions of the SDQ were used. For the teenagers in the state care group, the informant-rated version was completed by the institutional caregiver who was most familiar with the particular teenager's situation. It was not possible to use teacher ratings of SDQ for the care group, as approximately 30 per cent of the teenagers in the care group attended schools other than the three included in the study. For the family group, it was not possible to obtain a reasonable response rate from parents in respect of completing the SDQ (only approximately 20% of the parent SDQ forms were returned). Therefore, for the family group the teacher form of SDQ was used, completed by teachers who were heads class groups, as they were well informed about their pupils' situations.

### **Assessment of Intellectual Development**

In order to assess teenagers' intellectual development, the *Standard Progressive Matrices* (SPM) was used (Raven *et al.*, 1988). The SPM is probably the best-known and most widely used measure of the non-verbal component of general intelligence, not bound by culturally specific information. It was designed to measure Spearman's 'g' (Pal *et al.*, 1997), the general factor of intelligence. It is also described as a measure of the ability to identify relationships, the ability to think clearly and analogical thinking (Raven, 1996). According to its author, the SPM was designed to cover the widest possible range of mental ability and to be equally useful with persons of all ages, whatever their education, nationality and physical condition (Raven *et al.*, 1988). The initial series of Standard Progressive Matrices (developed in 1938) was followed by the Coloured Progressive



Matrices (in 1947) for use with young children and mentally defective persons, and by Advanced Progressive Matrices (in 1941, 1947) for use with highly able individuals.

The SPM can be administered as either an individual, self-administered test or as a group test. It consists of 60 diagrammatic puzzles divided into five sets (A, B, C, D and E) each containing 12 matrices or patterns to which the missing last piece is to be supplied by the subject/test-taker from a multiple choice. The sets become progressively more difficult: in each set the first problem is almost self-evident, the following problems building on the same reasoning, thus providing opportunities to grasp the method of thought required to achieve the solution (sets A and B offer six possible choices for each matrix, while sets C to E offer eight). To ensure sustained interest and limit fatigue, each problem is boldly presented and accurately drawn. There is no time limit, but usually it is expected that the test will be completed within 45 minutes.

The test is norm-referenced, and scores are provided as percentile ranks and stanines or can be converted to an IQ score. The method of interpretation recommended by the author is to consider a person's total score in terms of the percentage frequency with which a similar score is found to occur among people of the same age. In this way, it is possible to classify a person according to the score obtained within one of the following grades:

- Grade I or *intellectually superior* (if a score lies at or above the 95th percentile for people of that same age group)
- Grade II or *intellectual capacity above average* (score above the 75th percentile)
- Grade III or *intellectually average* (scores between the 25th and the 75th percentiles)
- Grade IV or *intellectual capacity below average* (scores below the 25th percentile)
- Grade V or *intellectually impaired* (scores below the 5th percentile)

Initial standardisation of the SPM was carried out in the 1930s, but for more than 50 years Raven continued to develop his test. During the 1950s and 1960s several checks were run on the accuracy of the norms. In 1979 it was standardised on a nationally representative sample of British schoolchildren (aged 6 to 16), in parallel with a large-scale German standardisation study. In the 1980s a series of norming studies were carried out in the USA together with major studies undertaken in New Zealand, Australia, Czechoslovakia and Canada. The test has been norm-referenced for the Romanian population



(Universitatea din Cluj-Napoca, 1986). For comparative purposes the SPM is now used internationally, covering a very wide age range, many cultural groups, and clinical as well as normal populations.

The SPM's popularity is evident from the fact that it has been used in over 1,000 studies (Raven, 1996, 2000). The results have been found to demonstrate reliability and validity across a wide range of populations: retest reliabilities of 0.83–0.93 with an interval of approximately one year between administrations and internal consistency coefficients of 0.80 are found across many cultural groups (Raven *et al.*, 1988). In terms of concurrent and predictive validity, the SPM was found to correlate highly with other intelligence measures, such as the Binet and Wechsler scales, and with achievement tests or actual scholastic achievement. Research on the predictive power of the SPM highlighted its efficiency in predicting scholastic achievement in pupils and occupational levels in adults, even though some inconsistencies were reported in the interpretation of the results (Raven *et al.*, 1989).

In the present study the SPM was used to assess the level of intellectual development for the teenagers in the state care group only. Because the subjects in the family group were available for questionnaire completion for only one session of up to a maximum of one hour, it was not possible to administer the SPM to them also. Therefore, the SPM scores of the teenagers living in care were converted into IQ scores using the transformation based on data collected on the Romanian population, and the performance of the state care group has been compared with the expected norms for the general Romanian teenage population (Universitatea din Cluj-Napoca, 1986). It is unlikely that using expected population norms for comparison will have a detrimental effect on the study's findings, as the family group which was chosen as comparison is likely to resemble the norm population closely.

### **Assessment of School Performance**

This was assessed from school reports supplemented by accounts from teachers. School performance was assessed in terms of scholastic achievements, school failures and school behaviour.



### *Indices of scholastic achievement: 'The aggregate mark of last study year'*

'The aggregate mark of last study year' consists of the average of the marks for all subjects obtained by a pupil in an entire school year. According to the marking system used in Romanian schools, it is divided into 'very good' (top 10%); 'good' (between 70 and 90%); 'satisfactory' (between 50 and 70%); and 'insufficient' (below 50%, meaning 'failure to pass the subject').

Because of the low frequencies in the 'insufficient' category, as an indicator of scholastic achievement the aggregate mark for the last study year was, for the purpose of the analysis, divided into three: *above average* ('very good'); *average* ('good'); *below average* ('satisfactory' and 'insufficient').

### *Indices of school difficulties*

Scholastic failure is assessed in the Romanian education system by the presence of second examinations and non-promoted grades. The 'second examinations' are given in respect of subjects for which the pupil failed to obtain a pass mark (below 'satisfactory') during term-time. The pupil is subject to second examination(s) before starting a new school year. Promotion into the next grade is dependent upon the pupil passing the second examinations. The 'non-promoted grades' are defined in terms of the pupil repeating a school year, and usually follow after a pupil has failed the second examinations.

For the present study, school difficulties were divided into three categories: *no school difficulties* (defined as both second examinations and non-promoted grades being absent for the last school year); *school difficulties* (defined as a requirement to take at least one second examination during the last year of study); and *school failure* (defined as previous non-promoted grades).

### *Indices of school behaviour: 'Mark in behaviour'*

'Mark in behaviour' consists of a mark that every pupil receives as a reflection of his 'school behaviour'; it is used in Romanian schools mainly as a measure of 'bad behaviour' (severe indiscipline, large number of unmotivated absences from classes, truancy, etc.). A behaviour mark of 'very good' denotes no behaviour problems in school; any other level below this denotes the presence of substantial behaviour problems in school, and for a mark below the 'satisfactory' level the pupil is expelled from school.



For the present study the behaviour mark was categorised as a dichotomy, in terms of *presence or absence of school behaviour problems*.

### Assessment of Family Connectedness

Teenagers' perceptions of family connectedness were assessed through the *Family Chessboard Technique* combined with an in-depth interview exploring the quality of the relationships with family members placed on the chessboard. The teenager was asked to place wooden figures (chess pieces) representing his/her family members on a chessboard using physical distance to symbolise emotional closeness.

The family chessboard used in the present study was adapted from the Family System Test (FAST) developed by Gehring colleagues (Feldman and Gehring, 1988; Gehring and Marti, 1993, 1994), which measures perceptions of family cohesion and hierarchy, permitting assessment of individuals, dyads and the family as a whole. This is a clinically-derived figure placement technique, designed to represent family relationships spatially, allowing representation of structural patterns of family cohesion (derived from distances between the figures on the board) and hierarchy (derived from the height of blocks on which each figure was placed) in individual and interactional settings. In its original form, subjects were asked to portray family relationships as they perceive them to be (typical representation) and then as they wished they were (ideal representation). On the basis of clinical and non-clinical samples, the FAST demonstrated good psychometric properties as well as construct validity in accordance with predictions from developmental psychology, clinical psychology and structural family theory (Gehring and Marti, 1993). The FAST has been successfully used in studies with children aged between 8 and 16 (Gehring and Marti, 1993) as well as in investigating changing perceptions of family relationships across adolescence (Feldman and Gehring, 1988) and perceptions of relationships within families generally (Anderson *et al.*, 2000). Other instruments have been developed and used to describe social networks from an individual perspective. Most social support instruments for adults rely on questioning, either in an interview or as a self-report. This is problematic, especially for younger children, who often lack the cognitive skills necessary for understanding abstract questions. A social network instrument recently developed for children is the Five Field Map, a technique of drawing a structured network map, developed by Samuelsson and colleagues (1996) to measure



the content and closeness of the child's social network in four domains: family, relatives, school and friends.

For the purposes of this study, the figure placement technique on a chessboard was considered more appropriate, in that subjects indicate their perceptions of how they relate to important persons, and it can also be seen as a measure of family functioning. Unlike questionnaires and rating scales, figure placement techniques enable subjects to represent simultaneously the family as a whole as well as all its subsystems (dyads). Moreover, it is presented as a game – the chess game – which facilitates the introduction of the 'family' as a topic, especially to children growing up separated from their parents who may feel uneasy in talking openly about their relationships with their families.

The basic materials consisted of a 20x20-cm-square board, divided into 64 squares, black and white alternatively, and 32 monochromatic chess pieces. The family chessboard was administered individually, in conversation with each young person, who was told to choose a figure to represent him-/herself and place it in the middle of the board. The child was then asked to place the other figures, representing all members of the family, on the squares of the board in such a way as to depict how close he or she feels towards each family member. The researcher illustrated how this was to be done, moving figures closer together and further apart while explaining what this meant in terms of feelings of closeness towards family members:

The closest persons should be placed in the squares adjacent to the square representing 'Me', and the least close as far away as possible.

When the child had completed the task, the representation and location of all figures on the board were recorded after the researcher had ascertained who was represented by each chess piece placed. This formed the basis for a semi-structured interview, exploring in depth elements regarding:

- individual family members, such as the reason(s) for placing certain family members close or further away, the amount of contact they have with certain family members, reasons for omitting certain family members, ascertaining the rejection of certain family member(s) as opposed to 'not being close to ...', etc.
- the family as a whole, such as 'How would you describe your family as a whole?', 'What makes you feel part of your family?', 'What would you like to change about your family?', etc.



The individual interviews, of up to 30 minutes' duration, were tape-recorded and transcribed and analysed using the qualitative software package QSR Nud\*Ist.

The Family Chessboard activity was very well-received by the young people in the study, most of them recognising the board as a chessboard and associating the procedure with chess (which is a well-known game in Romania). They enjoyed choosing particular chess figures, making comments such as 'I choose the king for myself', or 'My Mum is the queen', or 'My brother is the bishop'. The family chessboard conferred an instant understanding of the child's perception of his or her own family and became a good starting point for a discussion with the child about his or her family relationship.

### *How Board Variables were estimated*

As well as offering a view of the subject's family as a whole, the family chessboard was designed to assess family composition – given by the total number of persons placed on the board and the number according to family kin relationships – and perceived closeness – measured both as a 'total family closeness factor' and separately for family subsystems – as well as perceived rejection (negative contacts). The total number of persons on the board, and subtotals for numbers of siblings, other relatives, peers and non-family members placed on the chessboard, were calculated, as well as the total number of persons rejected.

Perceived closeness to family members was assessed as a function of the distance between the subject's position and other figures on the board. The position of each figure relating to the 'Me' figure was ascertained as 'very close' if it was positioned on a square immediately adjacent to the 'Me' square; 'close' for those placed one square away; 'not close' for those placed two squares further away; and 'rejected' when placed on the squares on the board remaining after confirmation during the interview of rejection on the part of the child. A measure of total family closeness was obtained by summing the number of persons deemed to be 'very close' multiplied by 4, the number of persons deemed 'close' multiplied by 2, and the number of persons not deemed to be close, thus differentiating the degree of importance the person on the board has for the subject. Closeness factors were computed separately for mother-child and father-child dyads, as well as combined closeness towards parents, siblings, grandparents, other relatives, peers and others. Negative contacts (perceived rejection) were calculated as the unweighted numbers of persons rejected.



### *Assessing the patterns of family structure*

In order to classify the family structure patterns, the following categories were used:

1. Nuclear family configuration – when parents and children only were placed on the board.
2. Extended family configurations – when extended family members, such as grandparents, uncles, aunts and cousins, were placed on the board.
3. Step-family configurations – when step-parents and/or siblings were placed on the board together with biological family members. Within step-families, distinctions were made between ‘step-inclusive’ configurations, where step-family members were represented as being close, and ‘step-exclusive’, where step-family members were placed as ‘not close’ or ‘rejected’.
4. Family representations inclusive of others – when young people included on their family chessboards persons beyond their kin, such as peers and significant adult figures (caregivers).

Within different types of family configuration, the following types of subsystem configuration (dyads and family subgroups) were analysed:

1. Rejections – when certain family member(s) were rejected.
2. Substitutions – when certain family member(s) were rejected and replaced by other(s) on the close positions.
3. Coalitions – when a family subsystem including the subject had high cohesion contrasting with the rest of the family member(s).

The analysis for family connectedness combined qualitative data from interviews with quantitative data from mathematically-estimated variables of the family chessboard.

### **Preparation of research instruments**

Prior to the beginning of the study, the ‘Adult Attachment Figure Scale’ and the ‘Peer Attachment Scale’ were translated into Romanian by the researcher and their validity on a Romanian population sample was analysed (presented in the ‘Preliminary results’ section of Chapter 7). The Romanian version of the Strengths and Difficulties Questionnaire has



already been made available by the author ([www.sdq.com](http://www.sdq.com)) and the Standard Progressive Matrices test has already been extensively used on the Romanian population.

In the final version, the questionnaire book comprised six one-sided A4 sheets (a copy is presented in Appendix A, including both Romanian and English versions of the items), in the following presentation:

1. 'Personal information sheet' (1 page)
2. 'Adult attachment figure scale' (2 pages)
3. 'Peer attachment scale' (1 page)
4. SDQ-self-completion version (1 page)
5. Answer sheet for SPM (1-page)
6. The Informant SDQ was presented separately directly to the caregivers/teachers and attached to the subject's test book after completion.

A coding system and an SPSS database (comprising approximately 200 variables) were set up for the quantitative data. Data entry was done gradually, as data collection took place. All statistical analyses were undertaken using SPSS for Windows (1997) v.10.0. The statistical analyses employed are described in Chapters 7 and 8.

The qualitative data (from interviews and from open-ended question within tests) were translated into English and word processed. A database was set up for qualitative analysis and the qualitative data were analysed using the software package QSR Nud\*Ist v. N5.

## **Summary of the study**

The present study addresses the issue of the effect of institutional rearing on teenagers' developmental adjustment, specifically in the areas of attachment to adult figures and peers, behavioural and emotional strengths and difficulties, level of intellectual development, and school performance. The study comprises 200 subjects divided into two groups: a group of teenagers who have lived for several years in state childcare institutions, and another group (having the same size, age and gender distribution) who have lived, and are still living, with their two-parent families. The research employs a combined qualitative and quantitative approach, data being collected via both normative tests/questionnaires and in-depth interviews and observation.



## Chapter 6

# The Changing Face of 'Romanian Orphanages': Young People's Lives in Two Placement Centres for School-Age Children

In this chapter the lives of young people resident in two Placement Centres for School-Age Children in Romania are described and analysed. The aim of this part of the research is to assess and describe the Centres themselves, the people who were living and working in them at the time of the study, how the daily routine was organised, and the nature of the links and interactions between the Centres and the children's families, schools and the local community. Because the Romanian child protection system was facing a rather turbulent time owing to the implementation of the 1997 child-welfare reforms, it was important to include in the study the opinions of managers as well as those of the staff working in childcare institutions. It was considered extremely important also to enable the young people who were living in the institutions to have their say about residential care. Therefore, this chapter combines data provided through the researcher's observations of the childcare institutions with the opinions of staff and the voices of the young people residing in them. These were supplemented by data collected from relevant documents, such as children's institutional records, the visitors' record book, educators' assessments of children, etc.

A systematic assessment of childcare provided by the institutions is crucial in understanding the developmental adjustment of young people living in them. In his early monograph, Bowlby (1951) drew the attention to the unsatisfactory conditions that prevailed in many orphanages and other institutions for children in England around 1950. In most European countries, important transformations of residential childcare practices were brought about by the post-war concern for the welfare of children. The majority of pre-1975 research on childcare focuses on long-stay residential institutions, bringing new approaches in assessing the impact of the variations in residential care on children's development. One noteworthy early sociological study of institutions for handicapped children was carried out in the UK by King *et al.* (1971). The 1980s and 1990s have been periods in which childcare research has been very active, especially in Britain, where the Children Act 1989 was



solidly based on findings from a coherent and planned programme of research (Aldgate and Hill, 1995; Archer *et al.*, 1998; Berridge and Brodie, 1998). A useful summary of the residential care research, written in the early 1990s (Bullock *et al.*, 1993), identified the need for more 'quality assessments' of residential life. Thus, over the last decade, numerous studies on child residential care have focused specifically on children's homes themselves. For example, a study undertaken by the Dartington Social Research Unit (Brown *et al.*, 1998 cited in Archer *et al.*, 1998) explored the relationship between the structure of the home and the staff and child cultures that develop in it, and the consequences of these for the success of the home and the care careers of children. Another important piece of research (Berridge and Brodie, 1998) compared the results of a study of children's homes undertaken in the early 1980s (Berridge, 1985) with those of a similar survey conducted ten years later reassessing the characteristics of children and staff and the quality of care after the implementation of the 1989 Children Act in England and Wales. The extensive research of Sinclair and Gibbs (1998, cited in Archer *et al.*, 1998) assesses the quality of care in children's homes and the factors associated with it, and explores the impact of the differences in quality on the staff and resident young people.

Over the past decade, much childcare research has been undertaken in the UK which provides a better understanding of the experiences of looked-after children. Such research has not been replicated in Romania, where the issues of children in care or childcare institutions were marginalised before 1989, for political reasons. Although attempts were made (Macavei, 1986, 1989) to consider the 'special educational methods' needed in children's homes, little evidence was provided about the larger picture of Romanian children's homes at that time. The international media attention on 'Romanian orphanages' in the early 1990s attracted some foreign researchers who visited Romanian childcare institutions in an attempt to assess the children's situations (Groza *et al.*, 1999; Kaler and Freeman, 1994), but their work was severely limited by the language and by cultural barriers. There are many written testimonies (in the form of books and articles) by voluntary foreign workers who visited the Romanian orphanages and helped with their improvement (Liddy, 1991; Ralph, 1994; Simkins, 1998), but they give rather subjective impressions of the reality in Romania at that time. There are also testimonies of prospective adoptive parents who travelled to Romania in the early 1990s to adopt or 'rescue' a Romanian orphan from the



'terrible' institutions (Groza *et al.*, 1999; Pullar, 1991), but they suffer from the same biases as those previously mentioned. Some studies, commissioned mainly by Unicef (Unicef, 1990, 1991), were conducted to look into the situation of children in Romanian orphanages in the early 1990s, but most of these are rather narrow in scope, mainly identifying the areas where international aid was required.

Therefore, the present study of two Romanian Placement Centres for School-age Children, which provides a systematic assessment of the Centres themselves and also, most importantly, of the patterns and quality of the care they provide for children, is a novelty. Moreover, the assessment of the childcare institutions is an important stage in exploring the impact that institutional rearing has on child and adolescent development.

### **A child's pathway into residential care**

In Romania, as in most countries, children may become 'looked after' either on a compulsory basis through a court, or voluntarily with parental agreement (Hill, 2000). Most often, in Romania children are looked after following a parental request. Parents experiencing difficulties caring for their children are expected to get in contact with the County Directorate for the Protection of the Rights of the Child, directly or through community representatives. According to the 1997 legislation, the community leaders (the school the child is attending, the church, the local social services, the hospital staff in the case of children abandoned at birth) have a duty to inform the County Directorate for the Protection of the Rights of the Child of any known or suspected cases of child abuse or neglect, or more broadly of 'children in difficulty'. Then, the County Directorate for the Protection of the Rights of the Child commissions a social inquiry, undertaken by one of their social workers, into the child's circumstances. On the basis of the social worker's report, the Directorate makes a recommendation to the Commission for Child Protection, the decision-making authority subordinated to the County Council, consisting of representatives of governmental and non-governmental organisations for child protection. The Commission assesses the reports and meets once a month to decide on individual cases. Usually the parents and the child (if over 10 years old) are requested to be present. The Commission's decisions are binding, but they can be contested through a civil court action. The Commission could decide that the child should be placed in



residential care or that the family should receive help in order to continue caring for the child. However, in emergency situations, the child can be placed temporarily in an Emergency Placement Centre until the Commission next meets for a decision. When a decision is taken to send the child into residential care, the child is assessed in terms of health and intellectual competence (through a specialist consultation by a team of experts including a GP and a psychologist) and then assigned to the Placement Centre appropriate in terms of age, gender and intellectual competence. Once in the Placement Centre, the child can move between institutions (e.g. when reaching a certain age or if specialist residential care, such as in the Centre for Children with learning difficulties, becomes necessary) or go back to the family if the Commission makes such a decision.

## **The Residents of the Placement Centres**

The residents had varied backgrounds and circumstances, which could statistics cannot fully represent. When the study began (August 2000) there were 254 residents in the two Placement Centres: 149 boys and 105 girls. By the time data collection finished (April 2001), another 16 children had been admitted to the Centres (11 boys and 5 girls) and 67 had left (37 boys and 30 girls). Thus, biographical data were collected for 270 residents. Here, six biographies are provided as examples of the life experiences of young people in care. These biographies are not presented as a representative sample, but to demonstrate the kinds of circumstances the children in care had experienced before admission and since. They are characterised by poverty and difficult home conditions.

*Florentin* was 12 years old and was put into care 9 years previously by his mother. His father had abandoned the family and consequently his parents had divorced. Florentin has a brother, Ioan, who was 16, living with him in the same Placement Centre, another 10 year old brother in the 'Placement Centre for Children with Learning Difficulties', a twin sister living in the Placement Centre for Girls, and another sister who was adopted five years ago by an American family. He had not seen his father since he left the family, and last time his mother visited him, about three years ago, she told him that his father was in prison. His mother did not make contact with him for three years and it is thought that she has remarried.



Apart from the brother who lives in the same unit, Florentin has seen his other siblings rarely, on the occasional, once a year, visits between Centres. He wonders how his sister adopted in the USA is doing – he had not heard from her at all. Florentin is proposed for juridical abandonment and he told the researcher that soon he will go to Court ‘to abandon my parents because they have not come to see me for a long time’. He hopes that one day he will be adopted by a rich family, as his sister was.

*Roxana* was 15 years old and has spent almost all her life in childcare institutions. Her mother, who was not married to her father, put her in the ‘Cradle’ when she was about one year old. Roxana does not remember much about living with her mother, but she has painful memories of when she was little and used to hide in her bed and cry when other children’s parents were taking them home for school holidays, because nobody ever came to take her. Last year, social services traced her mother, and a social worker took Roxana to see her. She says that she feels nothing towards her mum and therefore she does not want to go back and see her again. Roxana is hoping to finish vocational training school in two years time and get a job.

*Daniel*, who was 13, came to the Placement Centre six years previously. Until then he had lived with his parents, two younger brothers and one sister in a near by town. Daniel remembers that his family was never rich ‘as other families are’, but their situation worsened when his father became ill and could not work any more. His mother has never been employed and could not get a job because of the harsh economic situation. Daniel and his brothers were put in care, in different Centres, and his baby sister stayed at home. He regards himself as lucky to be able to visit his family almost every weekend. Because they live in a town only 10 kilometres away he can go home by himself on the bus. His brothers very rarely go home because their Placement Centres are located further away and his parents cannot afford the train journey to go



and take them home. He enjoys going home to see his friends and family but he does not like to stay longer than a couple of days because they live in a very poor flat and do not always have enough food to eat. His younger sister, who is still living at home, started school last year and Daniel bought her schoolbooks and school uniform from the monthly money allowance that he is saving. He told the researcher that these were very expensive and he spent all his savings on them. Daniel wants to become a lorry driver because it is a well-paid job and he would like to travel with his lorry all over the world.

*Violeta*, who was 16 years old, entered care four years previously in rather tragic circumstances. She lived with her parents and five younger siblings in a village in the mountains. Her parents were both 'heavy drinkers' and during an argument her mother stabbed her father to death. Violeta's memories of her childhood evoke images of striking poverty and abusive/violent scenes when her parents were drunk or arguing. As the eldest child she used to take care of her younger brothers and sisters and attended school only in her 'spare time' – when her mother did not need her in the house. When the tragedy happened her mum was arrested and the children, were taken into an Emergency Placement Centre where they stayed for about three months. Then they were put in different Placement Centres, according to their age and gender. Violeta kept in contact with her mother through letters until last year and she visited her siblings whenever she could. Now, she is determined to leave the past behind and start a new life. She has a boyfriend (aged 20) in this 'new life', whom she has been dating for a year. She says that they get along very well, support each other and that she is also becoming close to his mother and feels 'almost like being her daughter'. Violeta hopes that after graduating from the vocational training school she will get a job and then move in with her boyfriend.



*Carol* was 11 years old and has spent his entire life in institutions. He does not know anything about his parents as he was abandoned by his mother in the hospital, at birth. He is nicknamed 'The Prince' and he is loved by the staff because he is a 'good child'. Carol says he is close to all the educators because they are kind to him and 'they behave like a family'. But he is also very close to tanti Sia whom he describes as being 'more than a mother'. Tanti Sia used to work as a nurse in the hospital where he stayed as a baby and she took care of him, visited him after he was moved to the Placement Centre and occasionally took him to stay with her family. Tanti Sia has two children, Ioana who is 16 and Calin who is 19, and when he visits them, they treat him 'like a little brother': Ioana plays with him and Calin takes him out with in his car. Carol hopes that one day tanti Sia will be able to adopt him: at the present time, social services will not agree to this because Tanti Sia and her family do not have enough space in their flat, which only has three bedrooms.

*Rozina* was 17 years old, studying for her Baccalaureate. She was an illegitimate child and her mother left her in the care of her grandmother soon after she was born. Her grandmother died shortly after Rozina started school, so her mother put her into care, some 10 years ago. Her mother is now married and has two younger children. Rozina used to spend the school holidays with her mother but she did not get on with her stepfather. He and her mother argued because of her. Rozina avoids staying with them for long and visits only for few days at a time. Rozina wants to go to University and to become a social worker in order to 'help other people'.

## **Demographic profile of the residents**

The average age of the residents in the two Placement Centres was 13, the range being from 7 to 21. If the residents continue in education, they are 'assisted' by the Centres up to the age of 25. In the institutions under study, 59 per cent of the residents came from urban areas and 41 per cent from rural areas, broadly reflecting the national urban/rural split.



The records indicate that the majority of the children were of Romanian ethnic origin and a small proportion (7%) were of Hungarian extraction. This mirrors the general population distribution: according to the latest Census (1998), Hungarians are the largest ethnic group, representing approximately 10 per cent of the Romanian population. The directors of both Centres estimated informally that over 50 per cent of the children were Gypsies. However, it is difficult to test the validity of this estimate, as most Gypsies do not declare their ethnic origin: for example, the 1992 Census counted 1.8 per cent Gypsies, but Romanian officials recognised this as an underestimate, the more realistic figure being around 4 per cent (Zamfir and Zamfir, 1993). More recent data (Liegeois and Gheorghe, 1995) suggest that Gypsies make up 10 per cent of the Romanian population (between 1.8 and 2.5 million). The directors' estimates are based on their own or their staff members' experience: it is relatively easy to identify a Gypsy person by their physical appearance (e.g. a darker skin complexion), their surname and their family kinship network (they tend to come from large, extended families). The over-representation of Gypsy children within institutions has been noticed in previous studies (Unicef, 1991; Zamfir, 1997) and is indicative of why Gypsy children are more likely to end up in institutional care. The International Report on Roma/Gypsies (Liegeois and Gheorghe, 1995) referred to the difficult living conditions, poor health and high birth rate of the Gypsies across Eastern Europe, including in Romania.

**Family background: parents and siblings**

The majority of children were born in two-parent families: over half (54.4%) of the children were born in legally constituted families and approximately a quarter in cohabiting families (25.8%). Almost 20 per cent of the children in the Centres were born 'out of the wedlock', in single-parent families (Table 6.1).

**Table 6.1 Biological family type of children in the two Placement Centres**

	Centre for Boys (n=160)	Centre for Girls (n=110)	Total (N=270)
	%	%	%
Legally-constituted family	51	58.7	54.4
Cohabiting family	28.7	22	25.8
Single mother	20.3	19.3	19.8



By the time the children were admitted into residential care, their families had experienced many transformations. Table 6.2 shows their current family circumstances. At the time of their admission into care, only a quarter of the children still had a family configuration similar to the one into which they were born (13.8% of children born into two-parent families, either legally constituted or cohabiting, still had both birth parents present and only 9.6% still had their single mother present). Over a third (35.1%) of the married or cohabiting parents had got divorced or separated. The mother's remarriage was mentioned in over two-thirds of the cases where parents had got divorced. About 30 per cent of the children in care had lost one or both parents owing to unforeseen death, illness or imprisonment. However, only a small proportion (8.4%) had been orphaned or abandoned at birth, having both parents absent. In the Placement Centre for Girls, there were two cases of children taken into residential care following adoption breakdown.

Table 6.2 Residents' present family arrangements

	Centre for Boys (n=160)	Centre for Girls (n=110)	Total (N=270)
	%	%	%
Parental family (both birth parents present)	16.2	11	13.8
Single mother	13.1	10.1	11.7
Parents divorced/separated	33.8	36.7	35.1
Single parent through death of one parent	19.2	25.7	22.2
Single parent because of illness/imprisonment of the other parent	9.2	6.4	7.9
Both parents absent (abandoned and orphaned children)	8.5	8.3	8.4
Other (adoption breakdown, etc.)	0	1.8	0.8

As Table 6.3 shows, the children in care tend to come from large families. The total fertility rate for the Romanian population is 1.79 children per woman (according to the 1998 Census), so for children in care the average number of children per family is considerably higher than average: 3.15 for the total number of children and 2.58 excluding step-siblings. On average, the children in care have at least one other sibling and up to six in state care institutions. In the two Centres, almost half of the children were siblings: 120 children out of the 270 residents in the two Centres were



siblings (from approximately 67 families). Of these, half (60) were siblings living in the same unit, over a third (36) were siblings living in the gender parallel unit, and a fifth (24) were siblings living both in the same and in the parallel unit.

Table 6.3 Size of residents' families

	Centre for Boys		Centre for Girls		Total	
	Mean	Range	Mean	Range	Mean	Range
Total number of siblings	3.16	0-9	3.15	0-8	3.15	0-9
Natural siblings	2.71	0-9	2.42	0-8	2.58	0-9
Step-siblings	0.5	0-6	0.77	0-5	0.62	0-6
Siblings in care	1.27	0-6	1.43	0-5	1.34	0-6
Siblings in care in the same unit	0.54	0-2	0.42	0-2	0.36	0-2
Siblings in care across units	0.32	0-3	0.46	0-3	0.29	0-3

### Reasons for admission into institutional care

In the children’s official records there are always several reasons given for admitting the child into state care. Usually the reasons are unspecific, such as ‘lack of conditions for caring and educating children within the family’ or ‘disorganised family unable to care for child’. Low socio-economic status indicators (poor/no housing, insufficient income and unemployment) were given as reasons for institutional placement for almost every child in the study. The real reasons behind a child’s institutionalisation are usually complex: for example, the main reason given could be the shortage of financial resources to bring up the child, but many records indicate other factors such as the absence of one parent or the child’s health problems (Table 6.4).

A frequently cited reason in children’s records is that of a family disorganised through divorce/abandonment or the death/illness/imprisonment of one or both of the parents. The absence and/or unavailability of one parent puts a good deal of strain on a family’s ability to function. In most cases the children had been put into care during a period of crisis but never returned to their parents when the family’s stability was regained (‘rejected’ children). The predominant reasons (68.2% of cases) for putting a child into state care are related to disruption experienced by families: over a third of the parents put their child into care because of their divorce or separation, a fifth



because the families had lost one parent through death, and around 10 per cent because the parent(s) had experienced illness or imprisonment.

Table 6.4 Main reasons for children’s admission into care

	Centre for Boys (n=160) %	Centre for Girls (n=110) %	Total (N=270) %
<i>Family disruption factors</i>			68.2
• divorced/separated family	33.8	36.7	35.1
• one parent deceased	19.2	25.7	22.2
• parent(s) unsuitable because of illness or imprisonment	16.2	4.6	10.9
<i>Single mother</i> (unmarried civil status of mother; father does not recognise the child)	11.5	11.9	11.7
<i>Abandoned/orphan children</i>			9.2
• abandoned child (both parents absent/unknown)	7.7	5.5	6.7
• orphan child (both parents deceased)	1.5	3.7	2.5
<i>Poverty</i> (recorded as sole reason for child admission)	8.5	8.3	8.4
<i>Child-related reason</i> (behavioural problems)	1.5	3.7	2.5

The high occurrence of parental divorce as the main reason for child admission into residential care is a noteworthy trend. Following divorce, the majority of parents had remarried (88.6%), but this did not seem to improve their children’s prospects of living with their family. It might be expected that once some family stability is regained through remarriage, a child’s future will be safe within the new family. In Romania, however, mothers usually have custody of their children unless the father proves (in court) that the mother is an ‘unfit parent’. Rarely do fathers want to have their children with them. Fathers’ contribution to childcare is usually limited to paying a financial monthly allowance (pro-rata of monthly income) and regular visits are not compulsory. As fathers remarry, they put great pressure on their new wives to get rid of any children from previous marriage(s). In these cases, the children are more likely to end up with their grandparents or in institutions.

The unmarried status of the mother and/or the accompanying status of being an ‘illegitimate’ child (which in Romania means that the child is not recognised by the father whether or not the parents are married) was reported as the main reason for



institutionalisation in over 10 per cent of the cases. Apart from the obvious economic difficulties that single parenthood brings, single mothers may not usually receive help from their families in raising a child, nor are they likely to be able to afford to raise a child on their own with the stigma of having a child out of wedlock. Unfortunately, the records did not mention the mothers' ages, but these children are likely to be those of teenage mothers. Only about 10 per cent of the children in the two Placement Centres are 'real' orphans and/or abandoned children: 6.7 per cent of these children have 'abandoned at birth or soon after' recorded as the sole reason for institutional care and only 2.7 per cent had both parents deceased.

Low socio-economic status indicators were given as the only reason for institutional placement in only 8.4 per cent of the cases. Those children are likely to have both their parents present, but were put into care because of severe poverty, which occurs usually in families experiencing unemployment and who have poor or no housing and numerous children (over 4). Unemployment was specified as a factor contributing to child institutionalisation in the case of a fifth of the total number of children in care (20.7%), which may be an underestimate because unemployment was legally recognised in Romania only in 1993, and so it may not have been mentioned in the records of children who entered care before that. Other frequently cited reasons contributing to a child's admission into care relate to the presence of a special medical or legal condition applying to one or both parents, such as illness or imprisonment (Table 6.5). Apart from the contribution these parental factors make to admission into care, they also represent potential genetic risk factors for children who may inherit health difficulties from their parents (mental illness/disability) or become involved in criminal behaviour themselves.

Table 6.5 Parental malfunctioning behaviour as a factor precipitating admission

	Centre for Boys		Centre for Girls		Total
	n	%	n	%	%
Physical illness/disability	4	1.5	1	0.4	1.9
Mental illness/disability	10	3.7	2	0.7	4.4
Alcoholism	5	1.9	9	3.3	5.2
Imprisonment	15	5.6	22	8.1	13.7
<i>Total</i>					25.2



## Care history

Table 6.6 summarises the residents' care history as assessed from children's records. They demonstrate considerable variation. Overall, 40 per cent of the children were placed in state care, in the present institution, by their families. These children are the ones most likely to have some knowledge about their families, as they would have spent at least seven years living at home. Over half of the children (56.5%) had come from other childcare institutions, such as Pre-school-age Placement Centres and Cradles. Almost three per cent were brought in by the Police and are likely to have spent short periods of time in the 'Centre for Under-age Reception'. They may have been found on the streets and/or begging and no families had 'claimed' them.

Table 6.6 Residents' care history

	Centre for Boys (n=160)	Centre for Girls (n=110)	Total (N=270)
<i>Path of admission into present placement</i>			
% from family	42.1	39.4	40.7
% from other childcare institution	57.9	55	56.5
% other (adoption breakdown or brought in by Police)	0	5.6	2.8
<i>Type of care institution attended</i>			
% attended only School-age Institution	42.1	46.4	44.1
% attended Pre-school and School-age Institutions	33.6	29.9	31.9
% attended Cradle, Pre-school and School-age Institutions	24.3	21.6	23
% other types of previous placements (adoption/foster care)	0	2.1	1
<i>Length of placements</i>			
Average number of years spend in present institution (range)	5.19 (0 – 12)	4.31 (0–13)	4.80 (0–13)
Average of total years spent in institutions (range)	7.83 (1–19)	7.19 (1–18)	7.55 (1–19)
Average of years spent with family (range)	5.65 (0–14)	5.88 (0–17)	5.75 (0–17)



The children in the two Placement Centres had spent up to 13 years in care in the present institution, but the average time in care was 5 years. The length of total institutional stay (including previous institutional placements) was calculated for those children whose dates of first institutional placement could be determined: the children in the two Centres spent between 1 and 19 years in different childcare institutions, on average 7.55 years.

Because of the difficulties in determining the date of first institutional placement (this information was frequently missing in children's records) a supplementary measure of the total length of institutional placement was provided by constructing the 'chain' of the previous institutions attended by the child (as the institutional childcare system in Romania is an age-based one). In the two Centres studied, almost half of the children (44.1%) attended only the School-age Institution (the present placement), where they spent on average 4.23 years. These children had spent approximately nine years with their families. Almost a third of children (32%) attended both pre-school and school-age institutions, spending about eight years on average in institutional care (and only about five years with their families). Almost a quarter of the children (23%) went all the way through the age-based childcare institutions: from Cradle, through Pre-school-age Children's Homes and, now, the school-age care institution. These children are most likely to have been abandoned by their parents/families at birth or soon after (they had spent on average one year with their families and 12.16 years in institutions) and therefore they would have had little contact with or knowledge of their family background.

A peak in admissions to the two Centres was registered between 1994 and 1997, when over half (53.4%) of the children in the current institutional placement had entered the institutions, coming mainly from families. The annual intake of children between 1994 and 1997 was over 10 per cent, double that for the period before, when the annual intake was, on average, 5 per cent. A possible explanation for this lies in the fact that support for families with children was almost entirely neglected in a period when Romania was going through an abrupt economic decline (due to its transition to a market economy). In this context, putting children into care became a better solution for families confronted with a rapid depreciation of living conditions.

Since 1998, almost a quarter of the children (23.3%) in the two Centres were declared legally abandoned, and some 10 per cent (9.3%) were 'proposed for juridical



abandonment' (being involved in the legal process at the time of the study). In three cases the parents gave their consent for adoption, and in two cases parents had lost their parental rights because of imprisonment, and/or because they were declared legally irresponsible owing to mental illness. Six per cent of the residents were aged over 18, and therefore judicial abandonment did not apply to them.

## **Entering care**

For most of the looked-after young people, entering care was a confusing time involving adjustment to a different kind of environment as well as a painful period of parting from the family. One boy explained:

When I came here I used to cry a lot and to miss my family so much, because my mother told me that this is a nice place, and I thought that I am going to be in a kind of boarding school. When I arrived here it was noisy, dreadful ... (Daniel, 13)

Moreover, some newcomers found it difficult to become accepted into the peer networks already in place within the Centre:

As soon as I arrived here I noticed that I am different from the other girls. They lived together, they were close to each other, they took each other's side in conflicts and I felt excluded. I felt I have nobody here. (Carmen, 16)

This feeling of exclusion is augmented by the stressful times young people had experienced in their families (such as conflict or severe poverty) and they felt that they had not been told the truth about their stay in the institutions:

When they [the parents] took us [two brothers] here they said that we'll stay here only for a while and they will take us back home soon. This is what they said... but they never came back. (Costel, 12 and Marin, 14)

Children who were involved in decisions about residential care had not experienced the same sense of abandonment:

We agreed to come here. Especially me, being older than my brother, I saw the problems at home, that we are poor... so I thought that is better for us here. We have everything we need here. We



miss our parents, family... but we got used to it. (Alin, 8 and Ciprian, 15, brothers)

Previous contact with the childcare institutions had helped some children to be more positive about going into residential care:

We used to live in the neighbourhood and after my mother died, me and my sisters used to come and play with the girls here in the courtyard and we saw that it is nice here... Our father did not force us to come here – he asked us what we wanted, and we already had friends among the girls in the Centre so we decided to stay here.

(Rodica, 12)

The staff acknowledged the challenge posed by the arrival of new residents and the importance of making the transition into care as smooth as possible. Nevertheless, the overall picture is a positive one: the majority of children appreciate the choice in terms of peer sub-groups to join, which makes it easy for those entering care to integrate more easily into the new environment.

## **From ‘Children’s Homes’ to ‘Placement Centres’**

For over thirty years (since Law 3/1970) in Romania, childcare institutions like the two included in the study functioned as ‘School-age Children’s Homes’ under the central authority of the Ministry of Education, and they were seen as child protection services provided by the state. Their role within the administrative child protection structure had been to provide care and education for school-age children ‘who do not have adequate conditions to grow up with their families’ (Law 3/1970). The 1997 childcare reform (Ordinance 26/1997) placed all the childcare units under the local authority of the County Directorates for the Protection of the Rights of the Child, in a first effort to decentralise the child protection services. The targeted aim of this relocation of responsibility from central/national level to regional level was a transfer of the ‘state care’ of looked-after children to ‘community care’. Childcare reform in Romania also had an ideological motive, which was to establish

[...] a new orientation in childcare provisions focused on the best interest of the child and his/hers welfare. (DGJPDC, 2000, p. 3)



According to this report of the County Directorate for the Protection of the Rights of the Child, the transformation of Children's Homes to Placement Centres was profound. It aimed to change the roles of these Centres and the mentality of the staff. These changes are seen as having a positive impact on the overall improvement of the lives of the children living in these institutions.

Even though the administrative changes were completed nation-wide a year later (by 1998), at the time the present study began (2000) the change was little internalised by the community and the authorities involved. The institutions were renamed 'Placement Centres', but they continued to be seen as 'Children's Homes'. The replacement of the term 'home' with that of 'placement centre' was intended to emphasise the temporary dimension of the establishments. As the manager of the Residential Services within the County Directorate for the Protection of the Rights of the Child explained:

The new objective of the Centre is the *time-limited* care provided for children. This means that, until now, once a child entered a home he/she would live in care until reaching the age of 18 or when finishing school. Now, the child's situation is assessed every three months and if the reason that led to his/her institutional care has changed for the better, then the child is reintegrated in the family or alternative family arrangements are sought.

However, according to the director of the Placement Centre for Boys, the matter of the 'temporary' placement of children in the institutions is far from being certain, since it was expected to operate at county managerial level:

Child's situation assessment takes place once per year, due to limited resources, and very few families have solved their 'crises' in order to take their children back. We are told that our aim should be the decrease of the number of children in care, but the main exits are still accounted for by school graduations and eventually adoptions, mainly internationally.

At the Centre level, the residential philosophy indicates clearly the characteristics of the children eligible to go to the institution (e.g. school-age, 'normal' children up to the age of 18). But the Centre itself does not play any role in determining admission policies and practices or in the review of children's circumstances and alternative care



solutions as these activities are all performed directly by the County Directorate. In this sense the Centres simply provide the 'care service', and this is poorly integrated with an individual approach for children. Because of this division of responsibilities, the Centre's view on the care it provides for children is somewhat constrained.

## **The Physical Environment**

The physical environment plays a significant role in the quality of residential care. Children's homes have been traditionally renowned for their stigmatising features, and the media portrayal of Romanian childcare institutions in the early 1990s was very close to the gloomy image of Dickensian orphanages. In Romania, children's homes come in all shapes and sizes and it is difficult to generalise about their physical features. There were indeed, especially before 1989, childcare institutions that were not appropriate as child-rearing environments (Roth, 1999; Roth-Szamoskozi, 1999). The two Centres in this study were purpose-built in the early 1970s and they could not be easily identified as 'children's homes' within the general landscape, their architectural style being congruent with the nearby residential areas. The architectural challenge was to create an environment which has a normal appearance but which gave sufficient space to accommodate a large group (around a hundred) of unrelated young people. The two Centres are identical in construction: L-shaped, three-storey buildings, surrounded by a fence, with an inside courtyard, occupying a total area of 2,200 square metres. The L-shape has two units – the accommodation unit (on the long side) and the kitchen and administrative offices (on the short side) – linked through a corridor that incorporates the stairs. The Centres closely resemble boarding-school buildings (photographs of the Centres are presented in Appendix B).

The accommodation unit comprises 20 study-bedrooms and three bathroom and toilet rooms allocated to each floor and common-use rooms such as the library, the play-room, the lounge, the Chaplaincy, the Psychologist's office, a workshop, and some storage rooms. The study-bedrooms are fairly large, having an area of approximately 31 square metres and accommodating four or five beds, desks, chairs and wardrobes. The study-bedrooms represent the children's private area where they sleep or do their homework. They had recently been refurbished and had been individually decorated with colourful bed-throws, carpets and curtains, photographs and posters, soft toys, make-up tables or radios according to preference and gender. The bedroom area is,



nevertheless, somewhat 'institutional', with long rows of doors and sanitary facilities situated at the end of the corridors. The administrative unit comprises the kitchen and dining area on the ground floor and administrative offices on upper floors. The dining room is arranged in tables for four, and usually the meals are served at the table by the 'children on duty' (two children per day are assigned to a rota for 'kitchen duty', helping with serving the meals and with washing the dishes).

The entrance into the buildings is through a small corridor that leads to the reception area, comprising a sofa and armchairs where children receive their visitors. In front of the reception area, on one side, there is the porter's room, where visitors have to report on arrival. On the first visit to the Centres the porter on duty was an employee of the Centre, but in September 2000 porters were replaced by security guards. The change signalled the start of the process of closing and securing childcare institutions in Romania. Traditionally, these institutions have always been 'open' and the children were free to move from the Centre's premises into the neighbourhood. Also, visitors' admission into the Centre was granted without much formality (just a verbal report to the porter citing the reason for the visit, providing this was acceptable). The closing of the Centres was imposed for reasons of security to protect the children and to provide control over visits by families: under the 1997 legislation a child's contact with his/her family is strictly monitored and parents of children who have been declared legally abandoned are not allowed to see their children. Another reason for closing the Centres is to limit media access because of unfavourable media reports and, especially, in order to limit the access of foreign people coming to choose a child for adoption. Since 2000, nobody has been able to enter childcare institutions in Romania without a permit from the County Directorate for the Protection of the Rights of the Child or the approval of the Centre's director, except in the case of a family visiting a child, when an ID card is required in order to prove the relationship.

At the time of the study both Centres were undergoing external and internal decorations and improvements: the Centre for Girls was in the process of being repainted and the Centre for Boys was in the process of installing its own central heating system. In both cases, the directors were proud of the anticipated improvements, as the director of the Placement Centre for Girls remarked: 'When we finish this, the Centre will look and feel like a house.'



The residents living in the Centres were mostly positive about their living conditions, depending on their previous experiences of residential care or family life. For example, those who came from poor family environments were highly appreciative of the better conditions they had in the Centres:

Living here is very nice in terms of comfort – we have running water all the time and electricity and TV. I did not have these at home... and, also, I did not eat at home what I am eating here which is far better; for example, meat and mashed potatoes. (Daniel, 13)

Sometimes, these 'better living conditions' made it difficult for residents to return to the poorer environments from which they came, resulting sometimes in their refusal to spend time at home with their parents:

I used to go home every holiday until I was about 12 and then I didn't want to go any more. My family lives in a village and I don't like it there. I like it here because we have good conditions in here: running water, food, time for school. (Angela, 17)

Sometimes the refusal to return to 'worse' conditions is more subtle, some young people limiting the time they spend with their families:

I stayed with my grandmother for two weeks this holiday but I didn't like it so I asked her to bring me back here. I don't like staying there because they do not have electricity... and there were no other children to play with. (Daniela, 13)

Some other young people express their rejection of the poor family home quite freely. For example, when asked whether he would like to go back and live with his parents at home, Ioan replied:

To go home? God forbid! To live in a stable? I mean, our parents' house is so poor, they have only one room, on the outskirts of the village. I don't like that! (Ioan, 14)

It seems that the recent emphasis on improving living conditions in children's institutions in Romania has worked well for the residents, in the sense that they enjoy and appreciate the good living conditions. However, material conditions that do not reflect those within the wider community can prove to be a mixed blessing when it comes to equipping the residents for life in the outside world or for reintegration with



their natural families. It is important to view child residential institutions in their local context (Lataianu, 2003), to judge their material conditions by standards which prevail in the surrounding society, and to avoid imposing Western assumptions and expectations, as was the case in the early 1990s in Romania.

### **The Staff and Their Responsibilities**

A wide range of people from different backgrounds and professions are employed in residential childcare. In Europe the main professions providing childcare are social work and social pedagogy, with social workers (in Ireland and the United Kingdom) or pedagogues and educators (in France, Germany, The Netherlands, Spain, Sweden) operating in most European countries (Madge, 1994). However, in other countries such as Greece and Portugal there are no special childcare professions and the childcare workers' role is performed mainly by teachers and 'technician educators', therapists in special education and untrained 'mother figures' (EUROARRCC, 1998; Madge, 1994). The social pedagogue or educator has some of the functions of the social worker and some of the teacher. In this context, the term 'pedagogy' refers more to the process of bringing a child up, and not only to education as the term would be understood in Britain, where the 'residential social worker' performs the role of childcare in residential settings. In the last few decades there has been a worldwide increase in training establishments for childcare workers, together with a trend towards the professionalisation of residential childcare work (Berridge and Brodie, 1998). For example, social pedagogy training is carried out in professional schools set up for this purpose, or else occurs in higher education alongside courses for other professions. In Britain, the residential workers' main qualification is social work training obtained through a two-year general social work programme. Also, programmes leading to National Vocational Qualifications were piloted in the UK, mainly for residential workers already in posts, and some additional courses were offered for heads of homes (Madge, 1994).

In Romania, the professional title of the residential childcare worker has been and continues to be that of 'educator', resembling the pedagogical orientation found in most European countries (except the UK). Usually, the staff employed as childcare workers in Romania have general teacher training, with a growing trend towards having specialised training in, for example, social pedagogy and social work, since



these disciplines were re-established in the Romanian higher education system after 1990. However, there are no clear guidelines for employees regarding whether to follow a social work route or a social pedagogy route, mainly because of the unavailability of qualified personnel in either specialisation.

In Romania, the staff working in childcare institutions are employed by the County Directorate for the Protection of the Rights of the Child. In the county where the data were collected, in 2000 the County Directorate had 703 employees, of whom 28 were working within the Directorate headquarters and 74 were ‘maternal assistants’ (foster parents). The rest (675) were working in the 13 childcare institutions of various types operating across the County, on average 46 employees per institution. In the two study Placement Centres, 35 staff were employed in each. The internal organisational map (Figure 6.1) provides an overview of their distribution in terms of tasks and responsibilities.

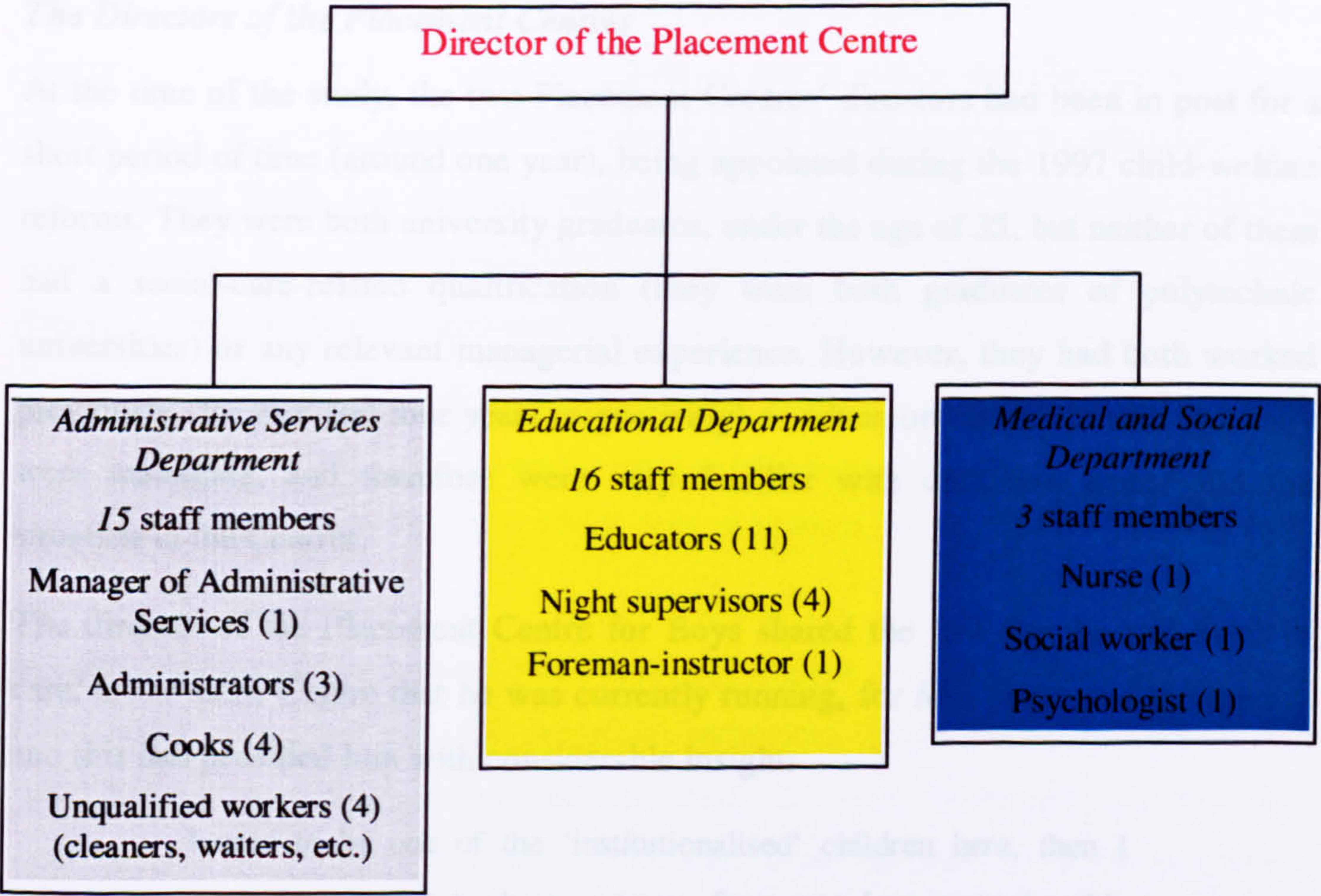


Figure 6.1 Map of the internal organisation of the Placement Centres



Within the Centre, the staff are divided into three different departments: administrative, educational and medico-social. It is important to note that only 18 members out of 35 staff have direct childcare responsibilities. The rather well-staffed 'administrative' department is a well-known trait of bureaucratic organisations, but, on the other hand, can be justified by the large number of children cared for within the Centres: in order to provide the basic necessities (food, cleaning, etc.) for over a hundred children it is necessary to have a large number of ancillary staff.

One of the aims of the research was to gain information about those who worked in the Placement Centres in Romania, their working experience as well as their views on different aspects of the children's residential life. Without diminishing the important role of ancillary staff such as cooks and cleaners in the overall running of a childcare institution, it must be pointed out that only those with specific childcare responsibilities were investigated in detail.

### *The Directors of the Placement Centres*

At the time of the study, the two Placement Centres' directors had been in post for a short period of time (around one year), being appointed during the 1997 child-welfare reforms. They were both university graduates, under the age of 35, but neither of them had a social-care-related qualification (they were both graduates of polytechnic universities) or any relevant managerial experience. However, they had both worked previously (for five and four years respectively) as educators in the Centres that they were managing, and therefore were very familiar with childcare issues and the situation in the Centres.

The director of the Placement Centre for Boys shared the fact that he had lived in care, in the same Centre that he was currently running, for four years as a teenager – and this had provided him with considerable insight:

I used to be one of the 'institutionalised' children here, then I worked as an educator here, and now, for a year, I am managing this Centre. In this way I wanted to thank this institution for getting me where I am now, because I owe a lot to this place. Somehow I intended to be a 'living example' for the children here, to prove that even as an institutionalised child you can get up to the top through your own efforts. I know that some others got even higher than me



but they did not have the courage to come back and 'revisit' the institution. I did have that courage and after graduating from University I applied for a job as an educator here, and last year I got the director position and I am putting my entire effort into making this institution a better place, which I must admit, is not easy.

Both directors seemed to be well placed to keep up with the ongoing changes in the childcare system, as well as sympathetic to the residents' needs.

### *The Educators*

The educators in the two Centres had various professional backgrounds, mostly related to previous experience in educational settings. The educators in the Centre for Girls were, with one exception, female, and in the Centres for Boys the numbers of male and female staff were almost equal (6 males and 5 females). Most of the educators had some general teacher training: of the 22 educators, 7 were qualified as primary school teachers (which is a college-level qualification in Romania), and 9 had university degrees and teaching qualifications (the teaching qualification is optional during most university degrees). Only about a third (6) had university qualifications in social-related fields (psychology, pedagogy, social work) but no specific childcare qualifications. The lack of specialist childcare education provision in Romania means that care staff use their 'commonsense knowledge' to deal with children's issues:

An important part of our work with the children is to prepare them for life. We try to encourage them to talk about their problems, we try to protect them and advice them as mothers, as we do with our own children.

Despite improvements in training and more appropriate qualifications being available in Romania since 1990, the child protection authorities are encountering difficulties in attracting and retaining enough qualified staff. This reflects, in part, the relatively poor pay and employment conditions, as the educators pointed out in the interviews. On the other hand, the educational staff are recruited by the County Directorate for the Protection of the Rights of the Child, the Centre managers having no say in recruitment and, as the director of the Placement Centre for Boys pointed out, the selection process is not always the most appropriate:



The educators are recruited and employed by the County Directorate for the Protection of the Rights of the Child and sometimes they send us people with no experience of working with children – for example people with engineering degrees and no child related experience. These people treat the child as a screw!

Residential childcare work involves a variety of tasks and skills, ranging from providing support and offering personal care to dealing with disorder. According to research carried out in the UK (Berridge, 1985; Berridge and Brodie, 1998), residential staff are mainly involved in keeping order and general supervision, social training, and acting as case workers.

The main responsibility of the educators in the Placement Centres in Romania is to provide care for the children but, because of the traditional educational focus which persists through the newly reformed childcare system, the provision of childcare manifest itself primarily in terms of providing educational supervision/tutoring as well as general care for children placed in institutions. As one member of staff remarked:

Our entire activity within the Centre is gravitating around children's school performance – mainly because the aim of the childcare within the Centres is to ensure they receive adequate school education in order to enable them to have an independent, decent life after care.

Within the Centres there was an overall ratio of ten children to each caregiver. The children were split into groups of up to 10–12 children, each *grupa* (group) being assigned to one educator, known as the *grupa educator*. The groups cover a wide age range, from younger to older children, similar to a family-type environment. Since 2001, the groups have included siblings in order to preserve family relationships – but this was not the case a few years ago, when siblings were not given priority in sharing the same bedroom and were split between groups according to their age.

The educator in charge of a *grupa* has overall caring responsibilities for the children assigned to him/her. These responsibilities range from supervising the daily behaviour of the children and maintaining contact with the school regarding the children's school performance, to formally monitoring each child's development by keeping an up-to-date 'psycho-pedagogical profile' for each child. In performing this latter role, which is close to that of a 'case worker', the educators have good in-depth knowledge



of the children's families and circumstances, and they also monitor the child's contact with his/her family. On a daily basis, the educator's role is similar to that of a parent: providing support, ensuring that children are in good health and are attending school, monitoring where the children are at all times, and encouraging relaxation. In order to ensure continuity, the educators work in morning/afternoon shifts during weekdays (depending on whether the children in their group are attending school in the morning or afternoon) and one day at the weekend.

The educators in charge of groups (8 in the Centre for Girls and 9 in the Centre for Boys) are employed on a permanent, full-time basis, and have considerable experience in working in childcare institutions, on average 7 years (ranging from 3 to 15 years), most of them in the current role. In both Centres, there were three educators who were not assigned to a particular group of children but who helped the group educators or filled in for them when they were not on duty. These educators are employed on a part-time or temporary basis and have spent on average one year in the Centres. Most probably they will be given priority if any permanent position becomes available. Unlike in other countries (Madge, 1994), the Placement Centres in Romania have a relatively large staffing stability, but this is mainly due to the low levels of alternative employment and social mobility that characterise the country as a whole.

### *Other childcare staff*

In each Centre there are four night supervisors – unqualified staff who work night shifts (sleeping in the units, from 8 p.m. till 8 a.m.) providing supervision during the night. There is also a foreman instructor whose main role is to provide practical support and organise workshops for children wanting to learn practical activities such as craft work, tailoring and woodwork.

Each Centre employs a qualified social worker. This represents an important recent change in childcare institutions in Romania. However, the duties of the social worker are largely administrative, consisting of maintaining the children's files and liaising with the County Directorate. Contrary to expectations, the social worker does not have a 'gate-keeping' or 'case-worker' role. The social workers employed in the two Centres had previous experience as educators in the same Centres and they had obtained their social work qualifications in the last few years, and were consequently 'promoted' to the social worker position within the Centre.



Another important addition to the organisation is the presence of a qualified professional psychologist or special-needs therapist. They are employed full-time in the Centres and are appreciated by both residents and staff. They are active in offering individual and group counselling to the residents and in organising recreational activities, as well as providing advice and support for staff in dealing with particular children. The psychologists are very familiar with the residents' circumstances and keep an up-to-date record of their psychological needs and problems.

### *Status and morale of the staff*

Overall, the educators in the two Centres seemed to enjoy their work with children and there seemed to be good co-operation among staff members and between staff and the directors. However, the staff complained about the low pay and the long hours, even though those who were working in the same job before 1989 seemed to appreciate the recent improvements:

Before 1989 we used to supervise up to 20 children in a group and that was too much because we had virtually no time for individual work with children. It is slightly better now with 'only' 10 to 12 children assigned to one educator, but there is still room for improvement. Other good things about the recent changes are the new organisation of children's space, the bedrooms that are now study-bedrooms, and the foreign donations that made a huge improvement in terms of clothing, toys and equipment available for children.

The educators are also dissatisfied with the limited opportunities for professional training, and the director of the Centre for Boys was critical of the way this was organised by the County Directorate for the Protection of the Rights of the Child:

I would like the staff to have more opportunities for training. For example, I am invited to most of the training seminars organised by the County Directorate or by NGOs active in the field, but most of these would be more suitable for the staff to attend. Even though I had experience as an educator, my job is mostly administrative now, I am not so much now in contact with children. Of course, the assumption is that I would pass on the knowledge to my staff – but sometimes it is hard for me to find time to do this and just giving



them the written course support to read is not enough. There is a great need for staff to be trained in new educational methods and topics. For example, some of the educators are reluctant to approach sexual education of the children because they do not know how to do it.

Another source of dissatisfaction for the staff is the relationship with the external management in the County Directorate for the Protection of the Rights of the Child. The supervisory work is done by regular, monthly inspection visits to the Placement Centres within the County. The directors of the two Centres confirmed that the recent changes in external management were well-intended, but that the new managers had little direct experience of residential care and, therefore, were unable to appreciate the impact of the changes being made. The directors of the Centres were cautious in their judgement, feeling that the structure was insufficiently established to draw firm conclusions. However, when opinions were voiced, they expressed mistrust in the knowledge and ability of the Directorate's staff to carry out work:

The staff in the County Directorate are new and they are not familiar with the child residential care issues. The Directorate itself has existed for only three years on paper [as an administrative structure] and we [the Placement Centres] were taken over only two years ago. It will take a while before they will be fully efficient.

The educators in both Centres expressed scepticism towards external management and consequently feel there is little real understanding of residential care at management level. For example, the educators in the Centre for Girls were highly critical of the attitudes during inspection visits of County Directorate staff, whom they felt were very unappreciative of their work:

When the Manager of the residential services from the County Directorate comes for the regular inspection we [the educators] are treated like we do not exist! She has never talked to us, never showed any sign of appreciation towards our work, never said 'Well done!'... We believe we would deserve it – after all, we are the ones who do the actual work with children, this place is based entirely on our work.



Given the internal and external influences, the overall morale of the staff has its 'ups and downs'. The recent changes in childcare structure have clearly affected staff in the Placement Centres: most noticeably, there are more of them in each Centre and the current staff group has considerable experience of childcare work even though the levels of professional qualification remain low. There has been some increase in the status of the work, but it remains an undervalued field of work.

### *Young people's views about staff*

The relationship between staff and children in residential care is of crucial importance, and in many ways is at the heart of residential childcare. Meaningful work can be done only if the young people feel at ease and trust their carers. Beyond the behavioural control issues, the majority of the remarks made by residents in the two Centres about their staff were positive. Young people felt that the educators were trying to help them with their problems, and some young people seemed very appreciative of the staff's efforts to improve their school performance. For example, Mihai, aged 15, said:

I get along well with my educator because she helps me learn better  
so I can pass my 6th grade.

What the young people appreciated the most about their educators was the fact that they seemed kind, caring, understanding and prepared to listen. Roxana's remark was typical of many:

I trust my educator very much because she helps me all the time.  
She is very kind. And when I am upset she talks to me. I am so glad  
that I have someone like her to help me! (Roxana, 16)

Some young people thought that their educators provided them with 'role models' that they could admire and try to follow:

I admire and respect my educator. I can tell him all my problems  
and he listens to me. He helped me getting back my self-trust. He is  
a very special person, very intelligent. When I am in trouble I seek  
his advice because he always helps me to move on. Every time I am  
upsets he asks me why I am sad. (Claudia, 15)



For other young people, the educators had become significant attachment figures, sometimes replacing parents in this role:

She is my favourite educator. She is like a mother to me; I care very much about her. I am always happy when I see her. I also met her family, her husband and son and I care about them. To me she is my mother – and not the one who gave birth to me. (Ana, 14)

The young people had clear ideas regarding what they liked and disliked about their staff. They voiced criticisms about excessive rigidity and they complained about the staff nagging them:

Some educators are pedantic, inflexible, telling us what to do all the time. (Maria, 14)

Some of the older residents remembered a 'previous regime' in the Centre for Boys, when physical punishment was, apparently, common:

When I was little there was an educator here that was very bad, he used to beat us. Luckily, he was fired when the new director came. Now it is OK, we know and they know that physical punishment is not acceptable so it doesn't happen. (Mircea, 17)

Some young people's trust in adults has been damaged by experiences before they arrived into care, and it takes time for staff to win their trust:

When I came here I didn't feel I could talk to them [the staff]. I could not trust them – I had to get to know them first. (Ioan, 15)

## **Patterns of Care and Daily Life in Placement Centres**

Life in a residential group is likely to be more organised and activities are more planned than in ordinary family life, primarily because of the relatively large numbers of residents. Spending many hours each day and at different times in the two Placement Centres provided the researcher with the opportunity to experience the daily routine. Routines varied according to the time of the week and the school year, and the staff had to encourage participation in different kinds of activities accordingly.



The atmosphere in the two Centres was pleasant and friendly, and the researcher was made to feel welcome and comfortable by both staff and young people. As Romanian etiquette requires, the young people address the staff by their title (Miss/Mrs or Mr) but followed by their first name, not their family name, indicating a greater sense of familiarity. The staff were highly approachable and it was clear that young people enjoyed being with staff and continually sought their company. Encouragingly, the staff seemed to spend most of their working time among the children. For example, the staff room was mostly empty, except when staff were engaged in administrative tasks including writing reports and updating logbooks. In spite of this apparent closeness between staff and children, gestures of affection were not particularly encouraged: probably the only form of physical reassurance was a 'pat on the head' for younger children. The staff seem concerned to protect themselves and the children by keeping emotional relationships 'cool', reasoning that difficulties would be created for themselves and the children if children were to become strongly attached to a particular educator, as one of the educators explained:

We are struggling at times with keeping the delicate balance between us and the children in terms of emotional involvement. The younger children, especially these who come from previous institutions, are at the beginning very clingy, like affectionate sponges, and we give them special attention during the transition into care but then we encourage them to be independent. It is not good for them to get too strongly attached to one of us: at the end, we are just passengers in their lives, we are here to help them while they are in the institution but they have to feel free to establish their own relationships with the outside.

Very often, childcare institutions were reported as being organised to prevent the children forming specific attachments to their caregivers because of the high number of caretakers and their constant turnover (King *et al.*, 1971). In this respect, the two Romanian institutions studied are somewhere in between: a limited number of children (10 to 12, constituting a *grupa*) were assigned to the care of a specific educator, thus providing more personal care, but strong emotional bonds between children and the *grupa educator* were clearly discouraged. However, the lack of affectionate behaviour was supplemented by caring language and a kindly tone of voice, according to the situation.



During school terms, the daily routine is organised around school times and preparation for school. In Romanian schools pupils attend daily between 4 and 6 hours of lessons in the school, on morning or afternoon shifts. Morning lessons start at 8 o'clock and afternoon lessons begin at noon or 1 p.m. Pupils are expected to complete homework every day. Accordingly, the day in the Placement Centres begins at about 7 a.m. for those attending morning classes and at around 8 a.m. for those going to afternoon classes. In the morning, staff ensure that children are well, that they have everything they need for school, and have had breakfast. Once the 'early school shift' had left, the school homework activities began for children in later classes. Depending on individual requirements, school homework takes up most of the morning and then these children have an early lunch before leaving for school. From midday onwards the other children returned from school, and the main lunch was served in two sittings between 1 and 3 p.m. This is followed by a short 'relaxation period' until about 3.30 p.m., when 'study time' begins. This continued until 5 p.m., when there is a half-hour 'snack break'. After that, depending on individual needs, study might continue for one hour or more, or the children might enjoy their spare time, playing, reading, watching TV, going into town or having individual discussions with their educator, etc. Dinner is served between 7 and 8 p.m. At 8 p.m. the educators' shifts end and they hand over to the night supervisors (usually two of them are on duty). Evening activities are indoors, but if children are out they have to be in the unit by 10.30 p.m. at the latest. Bedtimes vary according to the child's age, and are decided on a bedroom basis rather than individually.

The daily routine at weekends and in school holidays is different, and the staff are confronted with the challenge of providing a choice of entertainment activities. The television is in great demand during these times, as are listening to music (accompanied by dance) and further outings. Young people aged over 14 are allowed one 'night out' per weekend, when they can go to discos but have to return by midnight. In the Centre for Boys regular football matches are organised during weekends, with staff participation. Not being able to go home during school holidays tends to make some children disaffected, partly because they are bored. During holidays, summer camps providing up to ten days in the mountains or at the seaside are organised from both Centres.



Overall, the staff ensure that the children are well and have everything they need. They see them to and from school, and help them organise spare time. The staff are there for young people when they need them. Most of the time staff spend with children is focused on school tasks, supervising the children doing their homework just as parents might. The education system in Romania is renowned for its somewhat difficult, primarily theoretical focus, which is not very appealing, especially to younger children, and in this context the educators' tutoring role is an essential one. It is common practice among Romanian parents to provide private tutoring for children in order to improve their school performance, sometimes as early as when children begin school, but very few parents can currently afford it.

The young people who were interviewed mentioned engaging in the same leisure activities as those enjoyed by any teenagers: socialising, listening to music and watching TV. Outings were organised on an ad hoc basis as well as being planned in advance, mostly individually by one educator with one group of children, or jointly with two or three educators and groups. Outings usually involved visits to the cinema or to the park, or a walk in the hills. Organised trips outside the locality also took place regularly, depending on the budget available, and the Centres were trying hard to ensure that the children had an annual holiday of some sort. The more energetic educators organised short camping trips, which they saw as an important opportunity for children to pursue contact with the world outside the Centres. When they are on their own, the young people are not confined to spending their time within the Centres' boundaries. Since the area around both Centres is perceived as being safe, the children move freely within the neighbourhood, for example in the nearby playgrounds belonging to the residential blocks of flats and the school playgrounds. If young people wish to go into town they request verbal permission from the educator, which normally is granted. Staff routinely allow the older children to take responsibility for the younger ones, taking them into town for example.

Social scientists have traditionally drawn attention to the importance of mealtimes as supporting social relationships, and this has been recognised in studies on residential childcare institutions (Berridge and Brodie, 1998). In both Placement Centres the meals (except for the 5 o'clock snack) are in the dining room, which is a large room, pleasantly decorated with colourful tablecloths. The seating is in tables of four. All three main meals are freshly cooked, with lunch consisting of three courses (lunch is



the main meal in Romania) and dinner of two courses. There is, however, no choice of menu or course, as the menu for the day is decided in the morning by the cooks and announced to the residents via a notice on the dining-room door. The children have an opportunity to participate in preparing the food via a kitchen rota, whereby two children each day help in preparing meals and washing the dishes. Staff usually eat after the children have finished, because they are busy encouraging the children to eat, correcting their table manners and generally keeping control. Some residents were critical of the food served and the lack of choice, since they would have preferred food such as chips and burgers along with more sweets.

Attention is given to the health needs and health education of the young people. All the children in the two Centres were registered with local family doctors and dentists. Both Centres employ their own nurse to deal with the everyday health needs of the children in care. They liaise with family doctors to ensure that the children receive appropriate inoculations and health checks. In addition, the Centre's nurse screens the children when they return from home visits and holidays, as there are quite a few cases of children carrying infections, viruses and parasites on their return. There is little involvement on the part of the health services in terms of preventive work, however, and this is a general feature of the Romanian health system at the present. Children in care benefit from health education mainly through schools, but also through voluntary organisations, which organise health education seminars both in schools and in Placement Centres.

The young people are encouraged to pursue their personal interests and hobbies. Several mentioned different hobbies that they were currently pursuing, the most popular activities for both boys and girls being sports (football, basketball, martial arts), followed by artistic hobbies (such as music, drawing and handicrafts). Staff encourage these activities either by providing their own support or by facilitating children's access to community facilities that foster these activities. The presence of a new Chaplaincy room in both Centres and visits by a local priest are much appreciated by the residents. The young people do not feel they are being forced into religious observances against their will. Most of the residents are Orthodox, as is the majority of the Romanian population, and after 1990, when religious freedom was re-established, members of the wider community were involved in introducing religion into children's homes and christening the children. Some of these 'godparents' take



their spiritual role seriously by maintaining links with the children in the Placement Centres, visiting them and occasionally inviting them into their homes. The issue of care for minority ethnic groups was often perceived to be somewhat irrelevant, because, as was explained above, the ethnicity of the children in care was not clear in itself and did not seem to affect the care process.

### ***Residents' Behaviour and Control Issues***

The behaviour of residents is undoubtedly a major preoccupation in both Centres. According to the educators, the two main behavioural problems encountered are lying and petty theft, followed by having sex too early in the case of girls and fighting and offending in the case of boys. Lying occurs most when children try to escape household chores or school and when they do not admit responsibility for their misbehaviour. In many ways, however, the number of observable incidents relating to control during the study were fewer than might have been expected. Many episodes were minor and easily dealt with, such as incidents relating to money disputes or arguments over clothing. Most young people respond positively to requests from staff to alter their behaviour and unacceptable behaviour is usually challenged by discussion.

The issue of maintaining behavioural control in children's homes has been debated in official inquiries in various countries in the last decade that have focused on the inappropriate use of disciplinary techniques which result in serious abuse. In Britain, for example, the most notorious method was the 'pin-down regime' in Staffordshire, in which children were confined to barely furnished rooms for long periods of time, deprived of external contact (Levy and Kahan, 1991). There is great potential for individuals working in care institutions to use their positions of power to abuse the children in their care. Moreover, in the early 1990s a series of other scandals involving physical and sexual abuse in children's homes came to light, triggering a 'crisis of confidence' in residential childcare in the UK. There have been a number of inquiries and reports as a result: the Warner Inquiry, 1992, reporting physical abuse in children's homes in Leicestershire; the Hugues Report, 1986, on sexual abuse in Northern Ireland homes and hostels; and the Williams Report, investigating physical and emotional abuse in Wales (Kahan, 1994).



In recent years in Romania, the subject of human and children's rights has been introduced into the curricula of general schools, and TV programmes and campaigns promote children's rights, as prescribed by international conventions (Roth, 1999). Several non-profit organisations active in child welfare have undertaken the task of spreading children's rights ideas both among children and professionals. Consequently, the children in the two study Centres were well-informed about their 'rights', which sometimes seemed to clash with staff views on maintaining control. Most staff felt disadvantaged by the emphasis on 'children's rights' and felt that young people effectively had more rights than staff. Even though the staff acknowledged that children having a voice is a positive development, they felt that the children had been empowered at the expense of staff, and they were consequently unable to deal effectively with behavioural issues, as one staff member explained:

We never used physical punishment here but, as a form of control, sometimes we used to withdraw their monthly money allowance – but we are not allowed to do that any more because that is a 'child's right'. Basically, we are left with no means of keeping order, and the children know that, and sometimes they talk back to us saying 'you cannot do anything to me'.

Nevertheless, staff emphasised the importance of maintaining positive relationships with young people, which reduces the need to use more extreme methods of control, and they were conscious of alternative strategies for tackling behavioural problems, including the use of a reward system and positive reinforcement rather than punishment. In the Centre for Boys, the director had installed a 'reward system' based on providing comforts. He explained:

We are in the process of refurbishment and because the funds are limited, we do it gradually. We have managed to refurbish the ground floor so far and I applied the following rule: those who are well behaved and have good school performance have priority in securing a place in one of the very nice ground floor bedrooms, that have newly-fitted carpets, beds and desks and a TV in each room. With an ongoing reassessment it is possible for children to be 'upgraded' to the ground floor or 'degraded' from the ground floor to other floors. Another system that I have been using is that of allocation of new clothes. We still receive periodically a



considerable amount of clothes donated by foreign charities, and again, those children who are well-behaved ... are the first ones to choose the better, nicer clothes.

Such practices may be questionable: while they offer a temporary reward system that might motivate the children, the segregation of 'good' and 'bad' children can have negative labelling effects. In both Centres, however, sought-after recreational activities, such as trips and summer holidays at the seaside or mountain resorts, are allocated on the basis of a child's behaviour. Provision of such activities as a reward is partly driven by the fact that it becomes even more difficult to control a 'difficult' child outside the Centre.

### *Complaints system*

One essential aspect of any service is the complaints system. For most children and young people, their family acts as a natural advocate, but these young people living separately from their parents are very vulnerable. Living in a residential setting means that the children are dependent on staff for even their most basic needs, and thus the adults have power over their daily lives and, often, over their future. Numerous inquiries in other countries following abuse in residential care have shown that the young people had tried to complain but were not heard or believed (Kahan, 1994). There were no formal complaints procedures for residents in either Centre. Complaints about issues between residents, such as issues concerning possessions or conflict related to bullying and violence, were reported in the first instance to the educator in charge, who could raise the issue with the director for more formal intervention. Concerns about routines, staff relationships or placement decisions could theoretically be addressed directly to the director, but without much hope of action being taken. For example, one boy protested about a recent decision to move his two brothers to the Centre for Children with Learning Disabilities because they had failed their school grade, which meant that they would be separated. The director did not see any alternative to this, nor did he raise the issue with the County Directorate for the Protection of the Rights of the Child. The young people do not have anyone outside their unit to go to with a complaint, which can make them extremely vulnerable. At the Directorate level there seems to be little interest in children's complaints, and there was no provision for a children's rights officer, for example. The general view is



that the child has to fit into the care system and not vice versa, and so children's complaints about decisions made on their behalf are not taken into account. This is not consistent with the UN Convention on the Rights of the Child, which requires that children should have a voice.

## Patterns of Schooling

Young people's school performance was undoubtedly a major preoccupation in both Placement Centres. School is the issue about which staff express the greatest concern in their work with children in residential care. There has been extensive research showing that the educational performance of children in the care system is poorer than that of their peer group (Colton and Heath, 1994; Heath *et al.*, 1989, 1994; Jackson, 1994; Jackson and Martin, 1998; Thompson *et al.*, 1996). This affects their ability to adjust to the adult world once they leave care, and their ability to secure employment and establish independent living. This has potentially serious consequences, including unemployment and involvement in criminal activity. Thus it is crucial that residential care attempts to offer and compensate for any educational deficit encountered before the young person enters care.

Most of the residents and staff believe that being in care improves the children's chances of receiving a good education. In some cases this was an important factor in the parents' decision to put a child into care, especially in respect of children coming from poor remote rural areas, with limited or no access to educational resources. All activity in the Centres is focused on school, and being enrolled in full-time education is an absolute requirement that children have to fulfil in order to remain in care: those who abandon school are almost invariably expelled from the childcare institutions and sent back to their parents. School performance is monitored closely, and if a child experiences difficulties following the mainstream school system he/she will be transferred to a Centre for Children with Learning Difficulties, which operate their own educational units, providing 'special' school education. These Centres provide a supportive educational environment. For example, their libraries have a considerable collection of books for both school and personal reading. The educators not only provide help with pupils' homework but also maintain regular contact with the schools. Each educator in charge of a *grupa* was expected to visit the school that his or her assigned children were attending once a week in order to get an update on the



situation of the children. They represent the child's parents in respect of all school matters and liaise with the head teachers in matters concerning the children.

In spite of the efforts of staff and children, the school performance of young people in care is not as good as is hoped. One of the frequent questions that staff asked the researcher concerned what they could do to make the children more motivated in respect of schoolwork. Educators described the 'terror' of the examinations periods at the end of the school terms, when much supplementary effort was put into helping children pass their exams. As Table 6.7 shows, overall, boys seem to achieve lower school marks, and have more behaviour problems at school, than girls in care. More than half of the boys had non-promoted grades and resit examinations, compared with only a fifth of the girls. Almost a third of the boys had exhibited bad school behaviour, compared with a very small proportion of girls (6.8%). Similar findings were reported previously, indicating that there is a general tendency for boys who spend even short periods of time in care to display more antisocial behaviour (Wolkind and Rutter, 1973) and achieve fewer educational successes than girls (Jackson and Martin, 1998).

Table 6.7 School performance of the young people in the two Placement Centres

	Centre for Boys (n=160)	Centre for Girls (n=110)	Total (N=270)
	%	%	%
<i>Aggregate mark of last study year</i>			
Very good	9	8.6	8.9
Good	30	62.1	41.8
Satisfactory	43	29.3	38
Insufficient	18	0	11.4
<i>School difficulties</i>			
No school difficulties	47.6	79.7	59.3
Non-promoted grades	31.1	8.5	22.8
Second examinations	21.4	11.9	17.9
<i>Mark in behaviour</i>			
Very good	68.3	93.2	77.5
Good	15.8	6.8	12.5
Satisfactory	15.8	0	10



The stigma attached to being 'looked after' by the state is often referred to by young people, and one place where this is likely to be felt is in school. As the educators pointed out, school is the place where young people in care become aware of their status as children in state care and sometimes they prefer to hide this:

The girls have friends among their school colleagues but when they change school, for example when beginning high school, they try to hide the fact that they live in the Centre, they ask us not to tell their colleagues that they are 'from the Centre', they are ashamed of it.

Differential treatment at school was invariably reported. The usual reported practice was that even though the children from the Centres were spread among other children in classes, with, on average, up to 6 or 8 children in care per classroom of 25 pupils, within the classroom the children from the Centres were often seated together, in the back rows. If there a problem in the classroom, the children from the Centre are the first to be suspected of being involved. Educators in the Centre for Girls were more optimistic in this respect, however, underlining the fact that the treatment of children at school was entirely dependent on the personality of the teachers and that there is good co-operation between the educators and some of the more understanding school teachers. Even where there were disagreements over school practice, it was widely recognised by the educators that schools face a more difficult task when dealing with young people who are in care.

Overall, educators encouraged young people to attend school: for example, they usually asked them whether they had enjoyed their day at school. Enjoying time spent at school is of less interest, however, than whether a child is progressing and achieving appropriately. Consequently, young people see school as a duty and sometimes do not see the value of continuing in school. One boy said:

I don't understand why you have to study so many years if you can read and count! (Ionel, 13)

The Centres took great pride in the fact that there were 15 young people who were doing well in high school, and another two at university.



## Links with Families

Parents of children in care have the right to maintain contact with their children, unless this runs contrary to the best interest of the child (Emergency Ordinance 26/1997). In the two Centres, parents exercise this right by visiting their children in the units, by taking them home for school holidays or for weekends, by phoning them or by sending them letters. There is no set time for visits – any visitor is welcome providing the child is in the unit. In a normal home setting, young people can usually entertain visitors in reasonable privacy, and visitors can participate in the daily life of the family. In the Centres, this was not the case. Visitors can be received only in the entrance area, and so most visitors, especially family members, take the children out into town in order to have some privacy and to spend some with them. Phone calls can be received at all times, but the young people cannot use the Centre's phone to ring anybody, although there are pay phones in both Centres. Children can go home at any time during school holidays and at weekends providing the parent(s) agree to take the child back to the unit before school starts (i.e. Monday morning and at the beginning of the school term).

The lack of planned and nurtured contact between children in residential care and their families was and continues to be a matter of concern in Romanian childcare institutions. There is a traditional view that the institutions are doing the parents a favour by looking after their children and it is entirely up to the parents to maintain contact with their children. Research in Western societies has emphasised the importance of parental contact for children in care (Farris, 2000; Hill, 2000), and some studies have discussed the phenomenon of 'withering links', where contact with family members tends to be eroded over time (Millham *et al.*, 1986). Furthermore, in a cultural context in which family bonds are strong, as in Romania, regular family contact assumes a central importance in the growing child's sense of identity. In this context it is particularly worrying to find situations in which contact between children in institutions and their families has been lost.

Information about children's contact with their families in the two Placement Centres under study was collected through the 'Visits records' that every childcare institution has to keep by law in order to prove abandonment in court. The data available (Table 6.8) regarding children's contact with their families covers the two-year period prior to the study (1998–2000).



**Table 6.8 Residents' contact with their families**

	n	%
<i>Frequent contact</i>	69	25.5
• Parents take child home in every school holiday and occasionally at weekends	45	16.6
• Children go home in school holidays by themselves	24	8.88
<i>Sporadic contact</i>	110	40.7
• Parents visit sporadically without taking children home	43	15.92
• Parents contact child by letter/telephone without taking child home	26	9.62
• Child visited by relatives (but not by parents)	41	15.18
<i>No contact</i>	91	33.7

As Table 6.8 shows, a third (33.7%) of the children in the two Placement Centres had had no contact with their parents/families during the previous two years. Most of these parents had never visited their child since the child had been placed in care. By contrast, a quarter of children spent considerable amounts of time with their parents/families: most of these parents took their children home in school holidays and sometimes at weekends, or else the children went home in holidays/weekends by themselves (if the family lived close by). For these children, being in care was similar to being in a 'boarding-school' regime: the children were in care because their parents could not offer them appropriate living conditions/schooling, but they maintained close contact with them.

In between these two extremes, approximately 40 per cent of children had sporadic contact with their parents/families: about 15 per cent of the children were visited by their parents in the Centres but were not taken home, and some 10 per cent kept in contact with their parents through letters or phone calls. These families were the most likely to be confronting problems, such as lack of housing or divorce disputes, and therefore could not take children home for visits. A further 15 per cent of children were not in contact with their parents at all, but relatives (mostly grandparents or older siblings) occasionally visited them at the Centres.

Contact with family members tends to erode over time. A consistent pattern of contact has to be actively supported and nurtured by a child's carers if this is to be prevented, but in Romania there is no legal requirement to encourage or mandate this. There are



no assigned 'key workers' to deal with a child's personal issues such as contact with family and no care plans are developed once the child enters the care system. The issue of contact with family is a vital one for the young people living in care and many feel strongly about it. Some young people were very critical of their parents, either because they had put them in care or because they did not visit them, as the following remarks show:

I think our mother had us by mistake. Then she better hadn't! She should have thought if she had enough money to care for us. She should have thought before having us ... (Ciprian, 14)

I can understand my parents, that they did not enough money to care for me, but why didn't they come to see us in here? At least once in these 7 years ... (Viorica, 13)

Those who have frequent contact with their families tend to be more satisfied with their life in the Centre and are positive about their future prospects of rejoining their families/parents:

I am going home every holiday and my parents told me that they will keep me here until I finish school because there is no school where we live. After that I will go home and stay with them. (Elena, 14)

The difference between children who have contact and those who do not is most evident during school holidays. The educators commented:

The saddest time for us is at the beginning of the school holidays, when we have to cope with the sorrow of the children whose families do not take them home. Some of them are openly jealous, some others are more quiet but get depressed.

For some young people, the last contact they had with their parents was when they entered the institution, and while the memory is still vivid it is accompanied by a feeling that they have been betrayed by their parents:

When I came here I remember that we took the train ... and I was crying ... because my mum didn't explain why was she taking me here. She just left me here. She came to see me once or twice while I was in the Pre-school Centre, and she brought me some sweets. I



didn't want to let her go, so she said that she was just going to talk to the director for five minutes and that she would be back. But she left without me knowing. (Aurel, 14)

Once the child's contact with the family is interrupted, his or her sense of abandonment often develops into a feeling of rejection. It proves to be particularly difficult to restore contact after a period of no contact, during which the child has felt rejected:

My father visited me once this year, after a very long time. He wanted to take me home but I didn't want to go. How can I go home with him when I don't know him? He just showed up after all these years and expects me to love him? He said that I knew him when I was little, but I can't remember him. Besides, I don't know if I can trust him or not – he said that he will come to visit me every month but he didn't. (Nastasia, 14)

The educators talked about the difficulties they experienced in helping children accept their parents and they referred to particular situations when a child had refused to see a parent because the parent was not as the child imagined:

In spite of our efforts to teach them [the children] to accept their parents, the majority do not forgive them – mothers especially are not forgiven. Sometimes they dislike their parents because the image they built about the parents they saw once, a long time ago, is not the same as the reality. We call this 'the provenance complex' because the children are ashamed by their parents' social status – for example if they are very poor – or about their physical appearance.

In this respect, Viorica described her experience of a reunion with her family as follows:

I saw my father for the first time this year, at Easter. I cannot believe he is my father! He doesn't look at all like me – he is black [Gypsy]! And his mother – who is my grandmother – she is also black and ugly. I don't like them! (Viorica, 13)

The lack of interest displayed by the child protection authorities in encouraging contact between children and their families means that, in some cases, the parents are



not informed about the consequences of the abandonment law. Some parents find out about their children being in the process of 'legal abandonment' only when they are asked to present themselves in Court. These parents normally expect to claim the children back when they have finished their education. Over a third of the children in the two Placement Centres have been made 'legal orphans' as a consequence of not being contacted by their families. The aim of 'legal abandonment' is to give these children a chance of being adopted. Following the abandonment procedure they are placed on the Romanian Committee for Adoption's waiting list. As these children are aged between 7 and 18, their realistic chances of adoption are rather low, as prospective adoptive parents tend to prefer younger children. During the year 2000-1, six children were adopted internationally. The abandonment law favours younger children and infants abandoned in institutions, who are more likely to be adopted. But older children, like those in the two Placement Centres studied, lose any chance of returning to their natural families. This is a major policy issue, and it may not be helpful to children who are less likely to be adopted that they are separated from their parents through a juridical declaration of abandonment.

The abandonment law has created great confusion for children in care as well as for their natural parents. Both directors mentioned cases where parents have arrived, after many years of not having any contact with their offspring, to see their children or take them home after they have been legally abandoned. At this point, they are not allowed to have contact with their children. At the time of the abandonment hearing the parents have to (re-)present themselves in Court, but sometimes they fail to do so because the Court Summons never reaches them (e.g. if they do not have a permanent residence or have changed their residence but social services have not been informed of this). The law does not oblige the Placement Centres to foster contacts with children's families. If the parents are in court, at their request the court decision could be delayed if they prove their intention to keep in contact with their children, and a probation period may be granted. After the court has made a judgment of legal abandonment, parents who wish to continue to have parental rights in respect of their children have to institute legal proceedings to revoke the abandonment.

In the two Centres, the children are informed about the significance of the court order regarding their abandonment, the reasons for it, and its consequences. For those



children who have spent little time with their families the legal abandonment is almost meaningless, and at most represents a hope that they might be adopted:

I have been [legally] abandoned last year, my parents did not come [in the Court] and I haven't seen them since I was little so it doesn't make a big difference to me – I don't consider my parents anyway. Maybe I will be adopted now, and have a nice family to take me from here. (Roxana, 15, in care for 14 years)

In the case of children who have lost contact with their parents after a lengthy period in care, the legal abandonment procedure sometimes helps them express the resentment they feel towards them:

On Monday I am going to the Court *to abandon my parents* because they did not come to see me for over a year now, so they will not be allowed to see me any more. (Florentin, 12)

For some children, the abandonment proceedings in court represent the last time they see their parents:

The last time I saw my mother was in Court, when I was legally abandoned. She cried... but she agreed for me to be abandoned. Maybe she will come back and visit me. (Radu, 12)

Sometimes the children feel strongly about their lack of say in the abandonment procedure:

I can't wait to be 18 so I can go home, to my family. I cannot go home now because I have been [legally] abandoned, but as soon as I am 18, *I have the right* to go home. (Viorica, 13, 8 years in care)

The abandonment law and its provisions were also criticised by staff in the Placement Centres:

The [abandonment] law provides that if parents do not get in contact with a child for *6 months* then the childcare institution, through the County Directorate for the Protection of the Rights of the Child has to begin the proceedings for the legal abandonment. But sometimes it can be really impossible for the parent(s) to visit the child, for example if the parent is ill, in hospital or in prison for more than 6 months.



Besides the inadequacy of existing arrangements for contact between children in care and their families there are also social and psychological obstacles. For example, following the recent emphasis on 'family reintegration' some families were traced and reunited with their children, but in most cases the initial emotional (and often tearful) family reunion was followed by some kind of rejection. Marin spoke of an 'unsuccessful' family reunion:

The social worker from the Directorate took me to see my family – in fact my mum and my sister – last Easter. They did not recognise me because they hadn't seen me since I was a baby and when they found out who I was they both cried and hugged me... But then, after I stayed with them for a few days, my sister began to make fun of me, calling me names, and then my mum accused me of stealing 50,000 lei [approximately £1.50] from her purse, which was not true. So I left them and I don't want to go back. (Marin, 15)

A reorientation has taken place in the recent strategy for children in care, whereby maintaining contact with families is seen as a crucial aspect in promoting a child's welfare and, ultimately, facilitating their return home, particularly in view of the lack of alternative placements for adolescents. The way in which this new policy has been implemented results in contradictions in practice, as the director of the Centre for Boys noted:

I think there are major controversies in the child protection law. On one hand, the Government improved the living conditions in the Centres, and, on the other hand, now they try to encourage 'family reintegration', and in most children's families the living conditions are very poor. Moreover, now they have begun to offer the parents material advantages, such as housing, in order to take their children out of the Centres. I have a case now, where a mother was offered a one room flat in order to take her two sons home. Of course, the mother will accept – it is her only chance to get a place to live in as at the moment she is homeless – but what kind of care would she provide for these children, in a one room flat, unemployed and with no other income except the children's monthly allowances, which is almost insignificant in terms of financial provision.



Suspensions that families' contact with their children in care may be motivated by concerns other than the well-being of the child were voiced by the educators in both Centres:

Some families have come recently to take their children home for holidays only to cash the children's state allowance for that period of time. Children are telling us that their parents took their money and sometimes their clothes to give them to other siblings living at home.

Obviously, the issue of links between children in care and their families is not a straightforward one in Romania. In order to address this concern, the Romanian authorities should take the important step of forming a 'partnership with parents' as one of the main principles of legislation and practical regulations regarding children in care.

### Contact with siblings

If relationships with parents can sometimes be severed by lack of contact, young people in care seem more likely to accept their siblings, and it could be expected, therefore, that they will feel more connected to them (Kosonen, 1994, 1996a, b, 2000). A key finding of the present study is the fact that, in the two Centres, almost half the residents were siblings and more than half of these had at least one sibling living in the same residential unit. Siblings were almost invariably mentioned as *de facto* family members: 'We are close because we have the same family name' or 'We have the same blood' or 'We have the same parents'. In some cases siblings were described as friends as well as relatives:

I get along very well with my brothers who live in here with me. We stay in the same bedroom and they are my best friends, and I care about them very much. There is this link between us; the fact that we are brothers makes us close. (Ioan, 14)

This closeness was not the norm, however:

I get along well with my sisters but we also argue a lot because we do not have the same opinions on things. We don't even share the same bedroom. (Leontina, 15)



The traditional practice of fitting a child into the care system did not foster sibling closeness. At admission, the child's situation is assessed at an individual level and this assessment does not take the preservation of a sibling relationship into account. Siblings will be placed in the same unit only if they are roughly the same age and the same gender. Usually, therefore, siblings are parted when they enter care although some are reunited when progressing through the institutional system. By this time, however, the quality of the sibling relationship is diminished, because there is much stronger attachment to institutional peers:

When my younger sister came into this Centre, two years ago, I already had other girl that I was best friend with, and she [sister] was put into a different bedroom because she was younger. (Maria, 12)

The dominance of peer relationships was captured in Calin's account of a visit to another Centre:

Last time I saw my brother [who is living in another Centre] was last summer when we visited his Centre and we argued. In fact, we almost fought. Because we, the boys from here, were arguing with them [the boys from the other Centre] and of course, he was on their side and I was on our side! (Calin, 13)

The Psychologist in the Centre for Boys, however, was making an effort to encourage sibling relationships and had arranged reciprocal visits between Centres in order for siblings to meet and spend time together. Soon after the present study began, the staff also decided to give priority to siblings when deciding allocations in bedrooms.

## **Links with the Community**

The Centres have occupied their current premises for over 25 years. The buildings are part of the landscape as well as part of the community. Their presence within the community is not concealed in any way, and generally, positive links with the neighbourhood are fostered. The educators in the Centre for Girls said that, traditionally, families from the neighbourhood used to come and take a child out for a day visit or to have a meal in their homes, especially at weekends. But this is not possible any more, because of the new regulations concerning children in care, which require that a social inquiry by the County Directorate takes place in respect of a



person wishing to take a child out of the Centres, in order to ensure the child's protection. This rather time-consuming approval procedure (which can take up to three weeks) has put off families who would have been willing to take children out. The educators regret this missed opportunity, stressing its importance for children in care, especially those who have spend their entire lives in institutions:

We try to encourage any 'expedition' into the outside world for the children in here, because it so important for them to enlarge their horizon beyond the Centre, into a typical family life. There used to be families living in the neighbourhood who would come and take occasionally one child for a meal or to spend an afternoon or even a day with them. Even though most of them are respectable families we cannot do that any more because the family needs the County Directorate's approval and that takes 2 to 3 weeks. In a way it is understandable – we cannot guarantee the safety of the child beyond the Centre, but an easier approval procedure would be more useful.

Children in care have school friends living locally, so they constantly meet and play with other children in the area. In the local area of the Centre for Boys there was some hostility in the neighbourhood towards the children in care, following an incident when a car window was broken and children from the Centre were suspected. Even though the accusation was never proven, the car owner took his own revenge by physically abusing one of the boys. In frustration, a group of residents complained to the local television station and the case received intense media coverage, adding to the community hostility.

The director of the Centre for Boys described how the boys had close relationships with the surrounding community, but these were often negative, placing them at risk of involvement in criminal and promiscuous activities, indicating that integration into the community is not always a positive factor.

## **Leaving Care**

Young people leaving state care face the challenge of the transition from the status of young person in care to that of an adult out of care (Aldgate, 1994). This transition – which is in essence similar to the transition which every young person must make when entering adulthood – is a difficult task. The challenge presented to child welfare



services when young people leave care is to equip them adequately to cope with the transition (Little *et al.*, 1995; Pinkerton and Stein, 1995). Young people leaving care experience difficulties in adulthood, including poor mental health and imprisonment (Collins, 2001; Collins *et al.*, 2001; Jonson-Reid and Barth, 2000). This is recognised in the Children Act 1989 for England and Wales, which seeks to improve the situation for care leavers by encouraging partnerships between the young people themselves, their birth families and carers (Marsh, 1998/9; Marsh and Peel, 1999). However, this is not the case in Romania.

At the beginning of the study (August 2000), there were 254 children in both Centres (149 boys and 105 girls). During the year of the study, 16 children (11 boys and 5 girls) came into and 67 children (37 boys and 30 girls) left the Centres. In addition, 27 young people aged over 16 were relocated to new premises, under the Social Reinsertion of Young People Living in Care project developed by a private foundation, but they still remained attached to the Centre administratively. According to the director of the Centre for Girls, these were long-awaited changes for the better:

It is been the first time in several years that the intake of children was so low and also that an important number of girls were reintegrated into their natural families.

This seems to be in accordance with the present aims of childcare policy in Romania: to decrease the number of children in institutions, both by preventing the abandonment of children by their families and by finding alternative solutions to institutional care. Table 6.9 summarises the circumstances of the young people leaving care. Even though a relatively high number (100) of young people from the two Centres left care during 2000–1, over 40 per cent of them remained within the care system. Some young people (7%) were transferred to other Centres, mostly to the Centre for Children with Learning Difficulties, because of educational failure within mainstream schools. Another 6 per cent of young people were ‘assisted’, meaning that they attended mainstream boarding schools, funded by the Centres. Pilot projects for young people aged 16 and over leaving care were taking place in both Centres with financial support from foreign organisations. For example, in the Placement Centre for Boys, 27 young men were recently re-housed in independent accommodation, consisting of around ten one-room flats, shared by two persons, rented and furnished with the support of a private foundation. This was seen by the director as a useful



stepping stone towards independent living and leaving care. The men were still under supervision, and fully financed and helped by the staff in the Placement Centres. For girls leaving care there was a project called ‘Young People in Transition’, funded by World Vision, which provides housing, support and career advice for up to one year for young people who have lived in care. Even though these initiatives providing assistance to care leavers are to be applauded, owing to limited funds they offer support to only a very limited number of young people leaving care (two per year).

Table 6.9 Arrangements for leaving care

	Centre for Boys	Centre for Girls	Total
<i>Family alternatives</i>			28
• Reintegrated into natural family	10	11	21
• Adopted (mostly international adoption)	1	5	6
• Foster placement	0	1	1
<i>Leaving the care system</i>			30
• Care-leaver (owing to age and/or finishing education)	13	8	21
• Absent/fugitive	5	0	5
• In prison/Maternity Centre	3	1	4
<i>Remaining in the care system</i>			42
• Transferred to other/special care institution (i.e. because of learning difficulties)	5	2	7
• Assisted	4	2	6
• Post-institutional care	27	2	29

Note: Observed frequencies are reported.

A small proportion of children (6%) left the Centres because they were adopted (mainly internationally) and only one child (a girl) was placed with a foster family during the year in which the study took place. At the time of the study, international adoption still accounted for the majority of adoptions involving children in state care. Even though staff were supportive of international adoptions as representing a chance for children to have a family, they also expressed concerns over the fact that they received little news about these internationally adopted children. They were also critical of the way international adoptions had been handled in the past, when a child



was presented with a foreign person or couple with whom they could not communicate (because of language barriers) and was expected to leave with them the next day:

We are trying to work with the prospective adoptive children as soon as we are told that the adoption is in process. But the authorities should be more aware of the fact that children like these are not babies and, therefore, they should have a say, and the prospective parents should come first and established a rapport with them. We had cases when a foreign couple showed up and took the child to leave immediately – and of course, the child was terribly distressed and started behaving aggressively towards them. To the child they are strangers and the fact that they cannot speak the same language makes it even more difficult.

About a fifth of the young people (21%) had left care during the year in which the study took place, either because they finished their education or because they were aged over 18, and 5 per cent had run away because they could not adjust to the routine in the Centre. A further three young people were in prison or in Correction Centres for Young Offenders, and one girl had to leave the Centre because she became pregnant; she was housed in a Maternity Centre. The young people leaving care and not included in any form of assistance projects are confronted with a harsh prospect. Given the current economic climate in Romania, getting a job and accommodation are very difficult. Some young people go back to their natural families, if they have one, or end up on the streets, homeless and begging or offending. This is worrying, and the consequences have been intensively debated in the Romanian media. For example, the pregnant girl who left the Centre gave birth in August 2000 to a son, whom she sold to a foreigner for the sum of 1,000DM (approximately £300), but the purchaser was exposed by the border police when attempting to leave the country. The mother ended up in prison and the baby was put into a childcare institution. The case received intense media coverage at the time.

Nevertheless, in the Centres, preparation for 'independence' seemed ad hoc, and something that took place only during the last few months of a young person's residence rather than having been integrated into a care plan. The Centre for Boys had active links with local employers, and the director had used contacts in the local area



to provide young people with work experience on a local building site, in a garage, and, sometimes, in temporary paid jobs. However, he complained about the attitude of the care leavers, who seemed not to appreciate his efforts and were ignoring the arrangements made for them, not realising that finding a job is a difficult task in Romania. Although staff talked about the need to teach young people about budgeting and to encourage a more realistic view of life outside the Centres, there is still a tendency to overlook social and personal issues related to leaving care. The prognosis for many care leavers is poor and unemployment and involvement in criminal activities are real risks.

From the residents' point of view, although leaving care is a positive experience – that of leaving behind all the problems associated with living in the Centres – it is also frightening, as one young woman explained:

In a way I can't wait to leave the Centre, to finally be on my own, to make my own decisions. But maybe I will feel sorry when leaving because I am not used to the 'outside life', life beyond the Centre. I don't know, but it may be more difficult out there. I am used to living here. I was little when I came here and this is like a kind of family to me... just that here we are many sisters... and the educators are like 'many parents'. [It's] like a 'big family'.  
(Narcisa, 17)

The prevalent attitude of young people approaching the stage of leaving care was that they expected to be helped in making the transition. Marcel's comment is typical of many:

When I finish school the director will help me in getting a job ... or maybe I can move into the flats with the other boys who have been here, until I can get a job. (Marcel, 17)

The message from young people leaving care is that assistance at this stage is expected and it needs to be different from the 'in-care' period (Unicef, 2000a). As previous research has shown (Marsh, 1998/9), greater family involvement at this stage is potentially helpful in both emotional and practical ways, but this seems to be ignored totally in the Romanian residential childcare system.



### ***Young people's views on child residential care***

Recent approaches in researching 'looked-after' children and young people emphasise the importance of eliciting the views of the young people themselves about the care they receive (Buchanan, 1995; Shaw, 1998). In the interviews with young people about their lives in the Placement Centres, they were asked specific questions about what they saw as the best and the worst things about being in care and the things that they would like to change. Most young people had at least one positive thing to say about being in care. The three greatest areas of satisfaction were: (1) 'having good living conditions', 'having a roof over my head', the quality of the food, and having pocket money; (2) 'being able to attend school' and having a better chance of education; and (3) 'having someone to take care of me' and 'getting help with problems'.

There was substantial agreement about the worst aspects of being looked after in the Placement Centres. 'Being away from family' was the most common response, followed by 'too many restrictions' such as 'can't stay out in the evenings' or 'can't do what I want'. Some young people commented that 'the other children/residents are bad' and that there were 'too many arguments and fights'. The most wished-for change related to having 'more pocket money' and 'more freedom', followed by 'being able to see family more often'.

### ***Staff views on residential childcare***

Staff in the two Placement Centres were asked about the usefulness of residential care for children. The unanimous response was that residential care is beneficial for children 'because otherwise they would probably be living in the streets, homeless and starving'. The staff also viewed institutional childcare as of major importance for these children, so that they could receive an education and improve their chances of having a decent living after leaving care.

The directors of the Centres were asked to estimate on a monthly basis the costs of caring for a child in the Centre. Their estimate was somewhere around 2 million Lei per month (the equivalent of UK £65 in 2000). At that time, the average monthly wage in Romania was around 1.5 million Lei (the equivalent of UK £50). It is now recognised, in most countries, that child residential care is expensive and that



outcomes are not as good as expected. As the director of the Centre for Boys pointed out:

If only half of the money spent on care for a child in the Centre would be given to his/her family or to a foster family, it would make both the family and the child happier.

When asked how they saw the future of the Romanian institutional childcare system, both directors expressed scepticism about the ambitious Government target of closing down childcare institutions in the very near future, as the director of the Centre for Girls explained:

I cannot see the Centre closing down 'over night' – even though I would be happy to be the first one to do it! I rather see them transforming in smaller units where the care provided would be more individual, tailored to the child's needs rather than to the system's needs.

The director of the Centre for Boys emphasised the need for more prevention in relation to children in need:

My message would be: 'Do not let children get here!' In spite of all our efforts of all kinds – financially, educationally – the way institutional care is still practised here in Romania, in large institutions, is not the best developmental environment. There are very few care leavers who succeed in their lives.

### ***The end of 'Romanian orphanages'?***

It is now accepted that institutions are not intrinsically damaging to children (Tizard, 1977; Tolfree, 1995), but the evidence suggest that certain features of institutional care are likely to have a detrimental effect on children's development (such as the deliberate policy of emotional distance between staff and children; the lack of nurtured contact between children and their birth families, etc.). The overall picture that emerges from the study of two Romanian childcare institutions for school-age children is that they provide good-quality care: the children benefit from living conditions that they themselves appreciate as being far better than they could have in their family homes; they have good-quality relationships with their caregivers, who also seem to have a high degree of involvement with the young people. The



Romanian Placement Centres provide a stimulating learning environment, the education of the young people being their major aim. However, the young people's involvement in the running of the Centre is practically absent, as the whole process of being cared in an institution is prescribed by internal and external regulations. It is behavioural control areas that have benefited most from the introduction of the children's rights discourse in institutional practice (even though the staff sometimes felt ambivalent about it). The contact between young people and their families was not directly supported by the institutions' policies, it being left to the parents to initiate contact with their children. The issue of leaving care is regarded as challenging, given the still difficult economic conditions in Romania, but small-scale projects are now being undertaken that are actively involved in helping young people leaving institutional care.

It is relevant that in this study the quality of care provided by the institutions is viewed 'from inside' and within the general context of Romanian society in 2000. It is difficult, if not impossible, to assess the changes that had occurred in these institutions after 1990, when even the 'good-quality' Romanian childcare institutions were considered unacceptable by Western standards (Groza *et al.*, 1999).

Nevertheless, residential care in Romania is still based on a purely material concept of the 'best interests' of the child: for many children, the main reason for institutionalised care is the lack of appropriate material conditions for the child to be raised in the family, in conjunction with other factors, such as family breakdown, parental unavailability, etc. Institutionalisation has some validity in extreme circumstances, but in reality, in Romania, these cases tend to be limited: as the present study shows, only approximately one in ten children in institutions are orphaned and abandoned (having both parents absent). Undoubtedly, many children admitted into institutional care could be adequately cared for within their own families or communities. However, because of the recent history of over-reliance on institutional childcare and lack of alternative care measures in Romania, these institutions tend to perpetuate a 'pull effect' (Tolfree, 1995), drawing in children 'in difficulties'. A key issue which needs to be given attention in relation to the practising of residential care in Romania is the process of *assessment and planning before placement* for children separated from their families. The practice of seeing residential care as 'the solution' automatically, without an exploration of the child's problem, results in children being



admitted on an indeterminate basis, with no consideration of future alternative forms of care.

Another feature of the Romanian institutional childcare system is the fact that parents are not seen as 'partners' to be engaged in the process of care. However, the UN Convention on the Rights of the Child specifies the right of children to maintain direct contact with both their parents unless that is contrary to the child's best interests. Moreover, research in Western countries has emphasised the importance of parental contact for children in care (Millham *et al.*, 1986).

As has been argued throughout this chapter, residential childcare in Romania is a mixture of old practices (such as the major educational focus on education) and new changes which, because they are little internalised at the moment, at times create confusion (such as in the case of the children's rights issue). The 1997 legislative reform, in spite of its ambitious targets, still has a long way to go before we can see any substantial results in practice. This process should be backed up by changes in the attitudes of both staff and residents.



## Chapter 7

# Developmental Adjustment of Adolescents Living in Childcare Institutions

This chapter describes the findings of the study comparing one hundred Romanian teenagers who had lived for several years in residential childcare with one hundred teenagers who have always lived with their two-parent families. The effect of type of rearing (in an institution/with parental family) on teenagers' developmental adjustment was explored in respect of a number of outcome variables: teenagers' attachment to adults and peers, their emotional and behavioural strengths and difficulties, their intellectual development, and their school performance.

The chapter is divided into two main sections. The first discusses the results of preliminary analyses, such as associations between outcome measures and demographic characteristics of the samples and the validity and reliability of the research instruments. The second part presents the comparison between the two groups, the differences being explored individually for each outcome variable. The differences between groups were explored both generally and in relation to relevant variables, such as gender and the chosen attachment figure (where applicable). The statistical approach employed involved three main steps. First, the mean differences in outcomes between the two groups are investigated. Secondly, potential mediating variables of group differences (such as gender, etc.) are explored both within and between groups. Where relevant, the combined and independent contributions of these variables are investigated with multiple regression. Thirdly, associations between outcomes are investigated using a correlational approach. The results of statistical analyses are combined, where relevant, with qualitative data such as the subjects' description of their relationship with the chosen attachment figure provided through the open-ended questions included in the Adult Attachment Scale. The results of the present study are discussed in the context of relevant previous findings.



## Preliminary Analyses

### Demographic characteristics of the samples

From the two institutions described in Chapter 6, 100 young people aged 12 to 16 were selected to participate in the study of developmental adjustment. A further 100 adolescents living with their families were selected to participate in the study as a comparison group. By design, the two sample sizes are equal (100 subjects in the state care group and 100 subjects in the family group), as is the gender distribution within both samples (50 male and 50 female in each group).

The age range of subjects in both groups is, by design, 12 to 16, with a mean age of 13.60 for the group in state care and of 13.84 for the family group. The age difference between groups is statistically non-significant:  $t=1.398$ ,  $p=.192$ . Within the family group, the age distribution across genders is similar (boys' mean age 13.86; girls' mean age 13.82). Owing to the fact that at the time of the study the gender distribution of children aged between 12 and 16 in the two Placement Centres was different, there is a slight gender-age difference within the state care group. The mean age for boys is 13.36 and that for girls 13.84, but this difference is not statistically significant ( $t=1.901$ ,  $df=98$ ,  $p=.06$ ). Correlation analyses were used to examine whether age was associated with the outcome variables. The analyses (both within groups and when groups were pooled together) yield no significant correlation between subjects' age and any of the outcome scores, except for the self-reported pro-social behaviour scale of SDQ, which correlates with the age within total samples ( $r=.2114$ ,  $p=.003$ ) and when controlling for sample ( $r=.2071$ ,  $p=.003$ ). Therefore, age was included in further analyses as covariant only for the self-report pro-social scale of SDQ.

### *Ethnicity and area of parental domicile*

In the care group, 8 per cent of teenagers were of Hungarian extraction (this being similar to the general level within the Romanian population), the rest being Romanian. As was explained in Chapter 6, although the directors of the two Placement Centres estimated informally that about half the children in the Centres were of Gypsy ethnic background, because no valid information was available it was not possible to consider this as a variable in the study. The majority of the teenagers in the family group were Romanians (97%) and only 3 per cent were Hungarians. The



lower proportion of teenagers of Hungarian extraction in the family sample is explained by current education policy in Romania. At present, the parents of ethnic minority children (mainly Hungarian or German) can choose to have their children educated in ethnic-language-speaking schools or classes, and the schools included in this study were exclusively teaching in the Romanian language. There was no official information regarding the proportion of Gypsy pupils in these schools (again, because Gypsy families tend not to declare their ethnicity), although the Schools' directors estimated that up to 10 per cent were from Gypsy families (which reflects estimates of the overall number of Gypsies within the Romanian population).

Almost two-thirds of the teenagers in care (65%) came originally from urban parental residences and just over a third (35%) from rural parental residences. In the family group, only 5 per cent of teenagers came from rural residences, usually suburban villages, situated very close (within 5 km) to the town, and having approximately the same living standards as in the cities (these teenagers were commuting to school every day).

Correlation analyses were used to examine whether the demographic variables (ethnic category and parental domicile) were associated with the outcome measures. No significant association was found between ethnic category, parental domicile and any of the outcome scales. It was concluded that variations in ethnicity and parental domicile were not likely to influence the findings, and therefore these demographic variables were not included in further analyses.

### *Family background variables*

Teenagers in the care group came from a variety of family backgrounds. Almost half of them (43%) had parents who were divorced and only 7 per cent had both their birth parents living together or married. Another 28 per cent had lost one parent through death and a further 8 per cent had a parent who was absent because of chronic illness or imprisonment. Seven per cent were born to single mothers and 6 per cent were abandoned at birth or soon after and placed in childcare institutions or else were 'orphaned' (i.e. both parents were deceased). Owing to the limited resources available for the present study, it was not possible to match the family group with the in-state care group in terms of diversity of family background, as this would have involved recruiting the family group from a broader geographical area. For example, out of an



initial pool of 255 children aged 10 to 18 from the schools where data collection took place, only 0.4 per cent were born in single-parent families, only 2.5 per cent came from divorced families/step-families, and only 2.7 per cent had one parent deceased. The comparison group was restricted, therefore, to those children who had been born and brought up in two-parent families and those teenagers whose parents were divorced or deceased were excluded from the sample.

### *Parents' occupational status*

The majority of parents of teenagers in care were working in low-paid jobs or were peasants working on farms (surviving through subsistence farming). In 29 per cent of cases the unemployment of the caring parent was mentioned as a contributing factor to institutionalisation. Both parents of over half of the teenagers in the family group (62%) were in employment, most of them in working-class occupations, with only a very small proportion being in professional occupations (3%) or running their own business (3%). Only two teenagers lived with parents neither of whom was in employment, but a reasonably high proportion (36%) had at least one parent unemployed, there being a far higher unemployment rate for mothers than for fathers (40% of mothers were unemployed, but only 7% of fathers).

Parents' occupational status provides a broad assessment of the material/financial situation of the families of teenagers included in the comparison group. As the majority of the breadwinners in their families were unskilled workers, approximately half the families in which both parents were working would be living in conditions which just covered basic subsistence. These are the living conditions prevailing in Romania at the present. The small proportion of professional parents and those running their own business (6%) were likely to experience above-average living conditions. The high numbers of families with only one parent bringing in an income (40%) were more likely to be living around the poverty level. Even if the unemployed parent was receiving state unemployment benefit, this benefit lasted only for a limited period of time (up to one year) and the amount of income provided by it is very low. These families are more likely to experience difficulties providing even subsistence living conditions for their children.



### *Parents' social malfunctioning*

The records of over a quarter (26%) of the teenagers in care mentioned at least one indicator of parental malfunctioning behaviour: criminal convictions (13%), mental illness (5%) or chronic alcohol abuse (8%). Moreover, although the remainder of the records do not mention such factors, this is not necessarily because they did not exist. Case records may fail to note parental disorders occurring after the child's admission into institutional care, and so the incidence of these kinds of problem could be higher than the records indicate. In the family group, none of the schools' records mentioned that parents were mentally ill or had criminal convictions.

### *Number of siblings*

The majority of teenagers in the care group came from families with several children; only 13 per cent had no siblings, the rest having, on average, three to four siblings (some had as many as nine). Because the reasons for admission into care were related to factors that affected the entire family, many teenagers in the study group had another sibling in state care institutions. Of the 100 teenagers, 65 had up to five siblings in other state care institutions. Of these, 36 had one sibling (and some two) in the same residential unit. Only about a fifth of teenagers in the care group (22%) had siblings that were not living in care institutions at the time of the study, but usually these siblings had been in care in the past and had 'graduated'.

Unlike the teenagers in state care, teenagers in the family group came from average-sized families. Apart from 19 per cent of the family group, who had no siblings, the rest had, on average, one sibling (up to a maximum of four). The majority of siblings were still living within the family, except for a small proportion of older siblings who were married and had families of their own.

### **Validity and reliability of research Instruments**

Because the Adult Figure and Peer Attachment Scales, as well as the Strengths and Difficulties Questionnaire, have not previously been used on a Romanian population, and because their translation from English into another language (Romanian) could alter their statistical properties, a series of statistical procedures were computed in respect of the instruments' validity and reliability, prior to the main data analyses. For



this purpose data collected from the family group were used, as these replicate more closely the characteristics of the general Romanian teenage population.

*Internal consistency and concurrent validity of the Attachment Scales*

The internal consistency of a psychological measure refers to the extent to which all the items constituting that measure are measuring the same thing. Cronbach's alpha coefficients were computed for each Adult Attachment Figure and Peer Attachment sub-scales and compared with coefficients of the Parent and Peers scales of the IPPA from previous study reports, as well as with coefficients computed for the present study. The results are presented in Table 7.1. The Adult Attachment Figure sub-scales used in the present study were generally reliable, in terms of internal consistency, with  $\alpha$ s (range: .70–.83) comparable with the coefficients computed for the Parent Scale as well as with those from previously reported results. Also, as Table 7.1 shows, most Cronbach's alpha coefficients for the Peer Attachment Scale were well above .60, indicating good reliability; only the alpha for Peer Alienation sub-scale was moderate ( $\alpha=.45$ ).

Table 7.1 Internal consistency of the Adult Attachment Figure, Parent and Peer Scales

	Adult Attachment Figure Scale	Parent Scale		Peer Scale	
	Present study	Present study	Reported <sup>a</sup>	Present study	Reported <sup>a</sup>
Trust	.75	.75	.92	.77	.91
Communication	.78	.83	.75	.75	.87
Alienation	.70	.68	.42	.45	.61

Note: Cronbach's  $\alpha$  coefficients reported.

<sup>a</sup> As reported by Muris *et al.* (2001).

Convergent validity indicates the extent to which a measure is strongly related to other measures expected or known to measure the same thing, and it is usually indicated by the correlation coefficients. Because the Adult Attachment Figure Scale was adapted from the Parent scale of the IPPA, its validity was compared with this.



Pearson's correlation coefficients ( $r$ ) were computed for each sub-scale of the Adult Attachment Figure Scale and Parent Scale on data collected from the family group (the subjects in the family group were also asked to fill in the Parent scale of the IPPA in its original form). As Table 7.2 shows, the scores from the two scales were all positively correlated and indicate a reasonable degree of convergent validity of the Adult Attachment Figure Scale.

Table 7.2 Convergent validity of the Adult Attachment Figure Scale

	r	p
Trust	.285	.004
Communication	.256	.011
Alienation	.313	.002
Quality of attachment	.318	.001

Note: Pearson correlation coefficients ( $r$ ) between Parent and Adult Attachment Figure sub-scales are reported.

*SDQ validity and provisional bandings for use on Romanian teenage population*

Internal consistency of the SDQ sub-scales was tested using Cronbach's alpha coefficients. As Table 7.3 shows, most SDQ scales showed good reliability, with the exception of self-report peer and conduct sub-scales, which showed moderate reliability. However, the  $\alpha$ s computed for the present study are comparable with reliability coefficients reported by the SDQ's author from a nationwide epidemiological sample of 10,438 British 5- to 15-year-olds (Goodman, 2001).

Table 7.3 Cronbach's  $\alpha$  coefficients for SDQ sub-scales

	$\alpha$ s for present study		$\alpha$ s previously reported <sup>a</sup>		
	Self-report	Informant-report	Self-report	Parent-report	Teacher-report
Conduct problems	.43	.75	.60	.63	.74
Hyperactivity	.50	.72	.67	.77	.88
Emotional symptoms	.61	.64	.66	.67	.78
Peer problems	.21	.66	.41	.57	.70
Total difficulties	.67	.77	.80	.82	.87
Pro-social behaviour	.60	.65	.66	.65	.84

<sup>a</sup> As reported in Goodman (2001).



Using the scheme suggested by Goodman (Goodman *et al.*, 1998; Goodman and Scott, 1999), provisional banding for the SDQ's sub-scales were reassessed for the present study. For this purpose, the SDQ scores of the family group were used, since they replicate more closely the general characteristics of the Romanian teenage population. As Table 7.4 indicates, for the informant reports within the family group, different bandings were obtained for conduct and peer problems and for the total difficulties scores from those set by Goodman (1997) on English samples.

**Table 7.4 Provisional bandings on the Romanian sample for SDQ informant sub-scales**

	Normal range	Borderline range	Clinical range
Conduct problems	0-3 (0-2)	4 (3)	5-10 (4-10)
Hyperactivity	0-5 (0-5)	6-7 (6)	8-10 (7-10)
Emotional symptoms	0-4 (0-4)	5-6 (5)	7-10 (6-10)
Peer problems	0-4 (0-3)	5 (4)	6-10 (5-10)
Total difficulties	0-13 (0-11)	14-16 (12-15)	17-40 (16-40)
Pro-social behaviour	6-10 (6-10)	5 (5)	0-4 (0-4)

Note: The bandings for the English samples as suggested by Goodman (1997) are presented within parentheses.

Similarly, for self-report SDQ scales (Table 7.5), slightly different bandings were obtained on the Romanian population for hyperactivity and pro-social sub-scales.

**Table 7.5 Provisional bandings on the Romanian sample for SDQ self-report sub-scales**

	Normal range	Borderline range	Clinical range
Conduct problems	0-3 (0-3)	4 (4)	5-10 (5-10)
Hyperactivity	0-4 (0-5)	5 (6)	6-10 (7-10)
Emotional symptoms	0-5 (0-5)	6 (6)	7-10 (7-10)
Peer problems	0-3 (0-3)	4 (4-5)	5-10 (6-10)
Total difficulties	0-15 (0-15)	16-19 (16-19)	20-40 (20-40)
Pro-social behaviour	8-10 (6-10)	7-6 (5)	0-5 (0-4)

Note: The bandings for the English samples as suggested by Goodman *et al.* (1998) are presented within parentheses.



These preliminary analyses show that both the Adult Figure and Peer Attachment Scales and the Strengths and Difficulties Questionnaire have acceptable validity and reliability when applied to the Romanian teenage groups.

Before statistical analyses were performed, the outcome variables were checked for normality using the Kolmogorov-Smirnov test (Field, 2000). Except for Attachment to Adult Figures scales, the test was significant for most other outcome scores; therefore, non-parametric tests (Mann-Whitney and Kruskal-Wallis) were employed for assessing the differences between outcomes. However, in order to indicate the pattern of differences, means and standard deviations (SD) are provided. When regression analyses were conducted to examine the association between independent variables and outcomes, the scores were log-transformed to approximate normality. For assessing associations between categorical data, the Chi-square ( $\chi^2$ ) test was used. For testing associations between continuous variables, zero-, first- and second-order partial correlations were used, controlling for the effects of other variables where relevant. Zero-order correlations were checked against the non-parametric correlation coefficients (Kendall's tau  $\tau$ ) and the similar significance tests were found. Statistical tests and p values are as reported on SPSS (3 decimals are reported). All the reported significance tests (p) are two-tailed, in accordance with the exploratory nature of the study. If  $p=.000$  is reported, the indication is that of a probability of  $p<.001$ , i.e. extremely small. For ease in reading the tables, p values are flagged, where relevant, using the following convention: \*  $p<.05$ ; \*\*  $p<.01$ ; ns = not significant.

## **Comparative Analyses**

### **Attachment to Adult Figures**

Attachment is generally defined as an enduring affectional bond of substantial intensity (Ainsworth, 1989; Armsden and Greenberg, 1987). Traditionally used to describe affectional bonds between infants and their primary caregivers (Bowlby, 1951), the term has been broadened to include other developmental periods, such as adolescence (Allen and Land, 1999; Allen *et al.*, 1996a, 1998; Brown and Wright, 2001; Waters *et al.*, 2000a, b, c), and adulthood (Bartholomew and Horowitz, 1991; Hasan and Shaver, 1987). Most studies on attachment have focused on infancy (Ainsworth, 1989; Boris and Zeanah, 1999; Vondra and Barnett, 1999) and



attachment patterns are thought to be organised so as to reflect a consistent style of managing a variety of experiences in response to prior knowledge about the attachment figure's typical response. The 'traditional' patterns of attachment that emerged from studies using Ainsworth's 'Strange Situation Procedure' (Barnett and Vondra 1999) comprise:

- the secure attachment pattern, characterising infants that make successful use of their caregiver as a secure base from which they can explore and interact with the environment
- the insecure-avoidant pattern, consisting of a representational model in which the caregiver will reject child attachment needs and thus children attempt to keep their attention directed away from their attachment figure
- the insecure-ambivalent or resistant pattern, resulting from the experience of a caregiver that inadequately meets a child's attachment needs through a passive, unresponsive and ineffective behaviour, and thus children display anger and/or ambivalence towards their caregiver.

Recent studies have identified a number of 'atypical' attachment classification categories in an attempt to shed light on attachment patterns considered unclassifiable under the traditional categories. Some of these atypical attachment patterns, identified particularly among high-risk groups such as abused, neglected or maltreated infants (Morton and Browne, 1998; Shapiro and Levendosky, 1999), are as follows:

1. The disorganised/disoriented attachment pattern (Barnett *et al.*, 1999) with prevalence among social risk samples, particularly maltreated children. Being fearful of the attachment figure, or having an attachment figure that is frightened, is thought to be a common experience of children who develop this type of attachment and who appear to lack a consistent behavioural strategy.
2. The avoidant/ambivalent attachment pattern (Crittenden, 1999), characterised by combinations of moderate to high avoidance and moderate to high resistance, prevalent among children from economically disadvantaged backgrounds, including children who were abused and/or neglected, and who would have been classified as securely attached.



3. The disinhibited/diffuse attachment behaviour characterises children who show apparently affectionate, 'indiscriminately friendly' behaviour to strangers whom they approach when in distress. This form of attachment behaviour has been reported as strongly associated with institutional upbringing (Chisholm *et al.*, 1995; Chisholm, 1998; O'Connor *et al.*, 1999, 2000a).

Exploring the 'legacy' of early attachment on subsequent psychological development has been one of the enduring questions of developmental psychology addressed by attachment theory and research (Thompson, 2000). Attachment theory was also used as a means of understanding the origins of personality disorders (Brennan and Shaver, 1998; Page, 2001). Recent attempts to reformulate attachment theory suggest that Bowlby's ideas of the importance of early care in the onset of attachment and the long-lasting impact of early experience are challenged by evidence from cross-cultural studies (Rothbaum *et al.*, 2000), which reveal that attachment relationships with single attachment figures are not the most salient factors in socialisation and social adjustment in all communities or cultures (Waters and Cummings, 2000). Most studies concerning the problem of stability and change in attachment indicate that children vary significantly regarding whether early attachments have an enduring impact (Thompson, 2000); in other words, it is impossible to identify a normative level of consistency in the status of attachment over the lifespan. Recent reports from longitudinal studies demonstrate coherence of individual development in attachment security from early infancy through early adulthood, but negative life events are significantly related to change in attachment classification over the lifespan (Hamilton, 2000; Waters *et al.*, 2000a, b, c). On the other hand, many short-term longitudinal studies have failed to confirm continuity in attachment classification from infancy to childhood, adolescence and early adulthood (Bar-Haim *et al.*, 2000; Lewis *et al.*, 2000; Weinfield *et al.*, 2000). The same is true when considering the 'sequelae' of attachment relationships: there is great variability in early attachments predicting later outcomes. For example, Lewis *et al.* (2000) found that infant attachment status did not predict adolescent maladjustment; rather, changes in family life (such as divorce) are related to later maladjustment. An additional conclusion is that although there is no predictive relation between early attachment and later maladjustment, there is evidence for a concurrent association. The conclusion from all these contradictory data is that early attachments do not predict later behaviours when



changes in the quality of parental care occur, particularly those associated with negative life events like loss of a parent, life-threatening illness of parent or child, parental psychiatric disorder or child maltreatment.

The developmental period in which the attachment is studied has a direct influence on the way attachment is conceptualised. During infancy, attachment is assessed as a behavioural dimension reflecting the extent to which attachment figures are used for support and proximity (Ainsworth, 1989). A growing body of research in recent decades has extended attachment theory into adulthood (Bartholomew and Horowitz, 1991; Hazan and Shaver, 1987). In adolescence and adulthood, a person's 'internal working model of attachment' is a mental representation of self, attachment figures and their relationships based on experiences with several attachment figures over time, and these form the affective/cognitive dimension of attachment (Armsden and Greenberg, 1987; Brown and Wright, 2001). Acquiring the capacity for symbolic representation enables the child to form representations of 'secure-base' experiences and expectations about his or her own and other people's behaviour; about the acceptability and social effectiveness of the self; and about the emotional interest and availability of others. It is considered that if the quality of parenting is 'good enough', children develop a broadly positive mental representation about the likeability of self and the psychological availability of others, these children being classified as securely attached (Howe and Fearnley, 1999). Children who experience less sensitive, consistent and responsive caregiving are less able mentally to represent themselves as lovable, effective and worthy, or other people as emotionally available, caring and protective. This 'psychological loss' of the caregiver results in patterns of insecure attachment behaviours (Howe and Fearnley, 1999).

Studies that have examined changes in adolescents' relationships with their parents have indicated that these relationships show a decrease in closeness as the relationship between adolescents and their parents change substantially owing to increased autonomy in adolescents as they become more mature (Allen and Hauser, 1996; Allen *et al.*, 1996a, b; Allen and Land, 1999; Allen *et al.*, 1994a, b). One of the most important changes in adolescence is a decreased reliance on parents as attachment figures, and the development of the ability to function with greater social, cognitive and emotional autonomy from parents is recognised as a critical developmental task of adolescence. Traditional notions of adolescence as a period of 'storm and stress'



and of adolescents' purposeful flight away from their attachment relationship with parents have given way in past decades to the realisation that most adolescents achieve autonomy not at the expense of attachment relationships with parents, but against a background of secure relationships with them which are likely to endure well beyond adolescence (Allen and Land, 1999). Recent longitudinal studies on adolescence support the idea of gradual change during this developmental period, suggesting that previous theories of 'storm and stress' supported by clinical cases of pathological adolescents were inappropriately generalised to the normal population of adolescents (Greenberg *et al.*, 1983). By early adolescence, friends, teachers and other people with whom the child is close may be used selectively as 'secure-base' figures of convenience in specific contexts (Waters and Cummings, 2000). In this context, it is of crucial importance to take into consideration multiple attachment relationships experienced both within (with family members other than parents) and outside the family (e.g. in childcare settings).

The present study focuses on the affective/cognitive dimension of adolescent attachment as assessed by self-reports which explored the nature of feelings of understanding and mutual trust, and the extent and quality of communication, as well as feelings of alienation and isolation towards adult attachment figures. Because of the differential quality of parental care experienced by teenagers living in care institutions and those living with their families, the study provides the opportunity to explore variations in reported attachment quality according to the rearing style experienced by teenagers. As Weiss (1991) and Armsden and Greenberg (1987), among others, have proposed, the present study extends the relevance of the construct of attachment to non-parental figures, and so it assesses the quality of adolescents' attachment relationships with attachment figures from both within and outside the family.

### **Who are the attachment figures?**

There is a lack of systematic investigation of the relationships children and adolescents have with adult figures to whom they may become attached, and who may play an important role in their lives, especially in the case of young people who find in these figures the security they could not achieve with their own parents. These potential attachment figures or 'parent surrogates' (Ainsworth, 1991; Mayer, 1972)



might include an older sibling, another relative (such as grandparents), or an especially perceptive and understanding teacher, and so on. In the present study, as Figure 7.1 shows, the attachment figures chosen by teenagers living in care and those living with their parents show considerable heterogeneity.

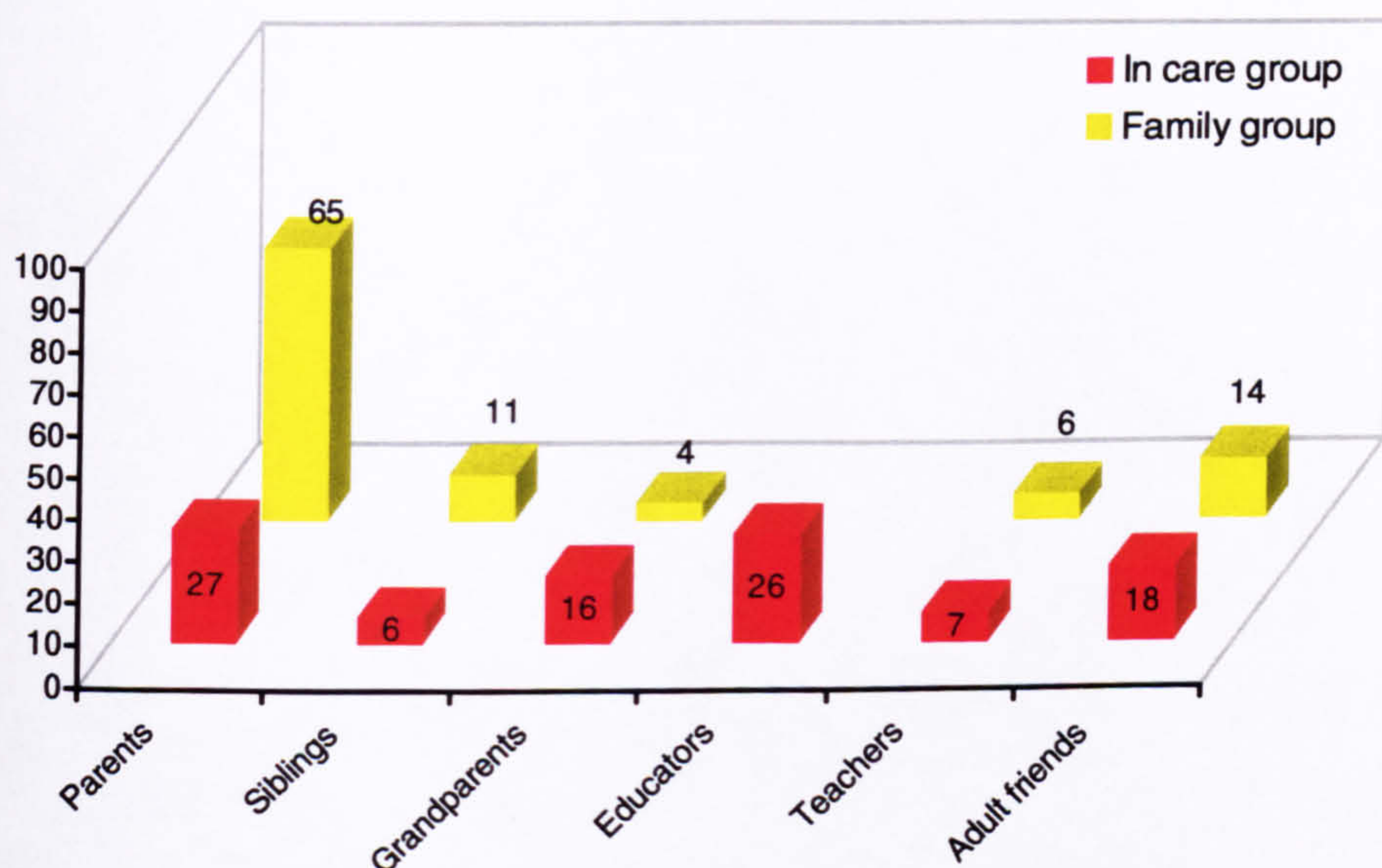


Figure 7.1 Types of chosen attachment figure by group

The majority (80%) of teenagers growing up in their families had chosen a member of their family (kin) as an adult attachment figure, as against only about half (49%) of the teenagers growing up in institutions. One of the parents (usually the mother) was chosen as the attachment figure by over half of the teenagers (65%) from the family group. Some of the mothers who were chosen as attachment figures by their children were also described as ‘friends’, suggesting that an extra dimension is added to the care-giving and protecting role that parents usually provide. For example, describing her relationship with her mother whom she had chosen as her attachment figure, Simona, who was thirteen and living with her family, explained:

My mum is more than a simple mother to me, she is also a friend. A friend that I can talk to about everything and that I can count on. My mum is more important to me than anybody else.



By contrast, only about a quarter (27%) of the teenagers in the state care group chose one of their parents (usually the mother) as their attachment figure. This may not be a surprising finding in the light of interrupted parental relationships in the case of teenagers living in care. However, in spite of living separated from their parents, for some teenagers in care the parents remain strong attachment figures, as the following remarks indicate:

I chose my mum as the 'key figure' because she is my mum and I love her. She loves me too and she wants to take me back home, but she doesn't have a house for us to live in. (Irina, 14, living in care)

I love my mum, I respect her, we get on well and I help her whenever I can. I chose her as my key-person because she is my mother and she is the person I am most close to. I see her usually twice per year, in vacations. (Rozica, 13, living in care)

Older siblings were chosen as attachment figures by 11 per cent of teenagers living with their families and 6 per cent of teenagers living in care. This finding accords with previous reports indicating that older siblings may become attachment figures for younger siblings, playing a protective, care-giving role (Ainsworth, 1991), as the following description indicates:

I have a good relationship with my brother (aged 33) – I wish everybody to have a brother like him. Any time I have a problem I go to him for help and support. He always understands me and accepts me the way I am. I try to do the same for him. (Robert, 15, living with family)

On the other hand, siblings becoming supplementary attachment figures does not rule out a close relationship with parents, as Anca (16, living with family) explained:

My sister (aged 27) is the most important person in my life. I also have extraordinary parents, but I am more close to my sister. We talk about all sorts of things and she is a role model for me.

When two or more siblings are separated from their principal attachment figure, as in the case of teenagers living in care, the feelings of abandonment may be alleviated by an older sibling who plays a protective role:



I care a lot about my brother (aged 18, in care) – he is my only family. I care for him even more than I would care for my mother. He visits me here, we talk about all sorts of problems, and he always encourages me to study better in school. (Maria, 13, in care)

Siblings may become friends as they get older, with a strong attachment component to such sibling friendship:

I care for my sister (aged 21) the most and I trust her a lot. I tell her my troubles that I would not tell anyone else. She trusts me too. We have a special relationship because she is my sister and my friend in the same time. She used to be here in care with me but then we did not get along too well then. I see her during holidays when I go home. (Rozina, 15, in care)

Among other kinship bonds depicted by teenagers in the present study, grandparents were chosen as attachment figures by 16 per cent of teenagers living in care and 4 per cent of teenagers living with their families. Particularly for teenagers living in care, grandparents were important attachment figures as they had acted as 'surrogate' parents in the past, as the following description suggests:

I chose my grandmother as the key figure because I am close to her and to both my grandparents and I get on well with them. They brought me up since I was four so they are like parents to me. They love me. (Marin, 14, in care)

Over half (51%) of the teenagers growing up in institutions selected an adult attachment figure outside the family (non-kin), including their institutional caregivers (26%), teachers (7%) or adult friends (18%), whereas only 20 per cent of teenagers growing up with their families did so. Teachers and adult friends were selected as attachment figures by a similar proportion of teenagers from both groups. Teachers assume important roles in teenagers' lives, providing support and understanding:

I feel very close to my teacher because I can trust her, she helps me when I need and she understands me. (Leontina, 15, in care)

I consider my teacher like a third parent because he opened new perspectives for me in life. (Alin, 18, living with family)



Among adult non-kin persons whom teenagers in care chose as their attachment figures were some 'kind strangers' who had behaved in a caring and protective way towards them, thus providing a continuing sense of security:

Tanti Eugenia is a very kind-hearted woman and she has always been kind to me, helping me in difficulties and needs, giving me money and food when I was home and we were going through a hard time. I go to see her every time I go home and she listens to me and understands me. (Vasile, 16, in care)

In late adolescence, the romantic relationships that teenagers develop provide them with psychological comfort and fulfilment, as the account below illustrates:

I am very close to my boyfriend (aged 21). When I have a problem, he is listening to me and gives me advice. To me, the most important thing is that he understands me and makes me feel as if I am the most important person in his life. Our relationship is one year old now and we hope to keep it like this! (Ileana, 16, in care)

About a quarter of teenagers living in care chose as their attachment figure their *grupa educator*. Perhaps not surprisingly, teenagers living in care develop strong attachment bonds with their institutional caregivers who play important roles in their lives and provide them with the security they could not attain with their own parents. The following comment is typical of many:

My key person is my *grupa educator*. I am close to her and I trust her very much because she helps me all the time. She is very kind. When I am upset she talks to me. I am so glad that I have someone like her to help me! (Roxana, 16, in care)

Although the literature supports the idea that during adolescence attachment behaviour is often directed towards non-parental figures, in the present study a significantly higher proportion of teenagers in care chose a non-parental attachment figure than did teenagers living with their families. Because of low frequencies in different categories of chosen attachment figures, for further analyses the types of attachment figure are categorised as twofold: kin (family members) and non-kin (outside the teenager's family) attachment figures. As Figure 7.2 shows, teenagers living in care chose a kin or a non-kin attachment figure in almost equal proportions,



whereas teenagers living with their families chose their attachment figures mainly from among family members [ $\chi^2(1)=20.985, p<.001$ ].

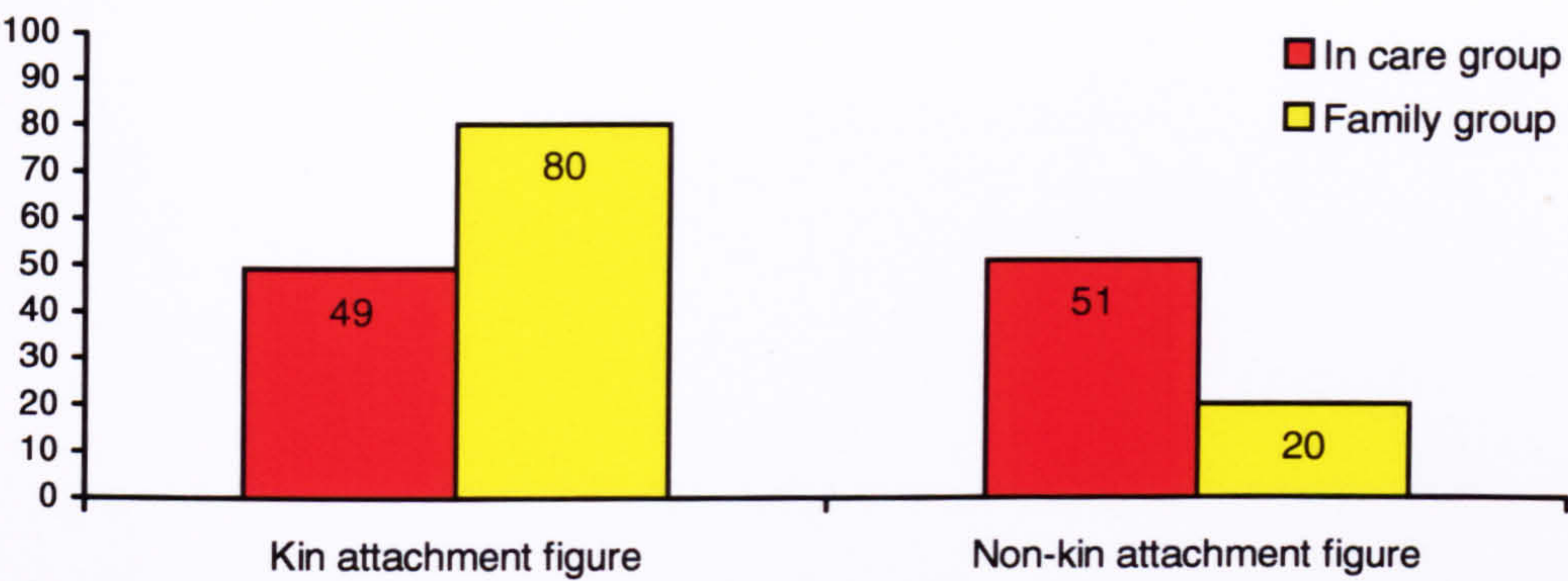


Figure 7.2 Proportion of kin and non-kin chosen attachment figures by group

The relationship between the adolescent’s gender and the type of attachment figure chosen was explored. No interaction effect was found between the gender of the adolescent and the type of attachment figure either within groups [in-care group:  $\chi^2(1)=1.000, p=.424$ ; family group:  $\chi^2(1)=4.000, p=.078$ ] or when the groups were pooled together [ $\chi^2(1)=0.197, p=.768$ ]. It was therefore concluded that gender does not mediate the choice of a kin versus a non-kin attachment figure.

The institutional upbringing experience was considered a potential influence on the preference for non-kin attachment figures on the part of teenagers living in care. In this respect, there are two possible explanations for the marked preference of adolescents in care for non-kin attachment figures. One explanation is that when parental or kin figures are not available, as in the case of adolescents living in care and being separated from their families, or when the bond(s) with parental or kin figures wither as a result of prolonged lack of contact, they are replaced by non-kin attachment figures, such as caregivers, who provide psychological comfort. The association between the chosen attachment figure and the adolescent’s amount of contact with family during institutional placement (categorised as *frequent*, *sporadic* and *no-contact*) is statistically significant:  $\chi^2(2)=11.092, p=.004$  (Figure 7.3). This



suggests that teenagers who had maintained contact with their families tended to choose family members as attachment figures, while those who were not visited or taken home by their families preferred other, non-kin persons as attachment figures.

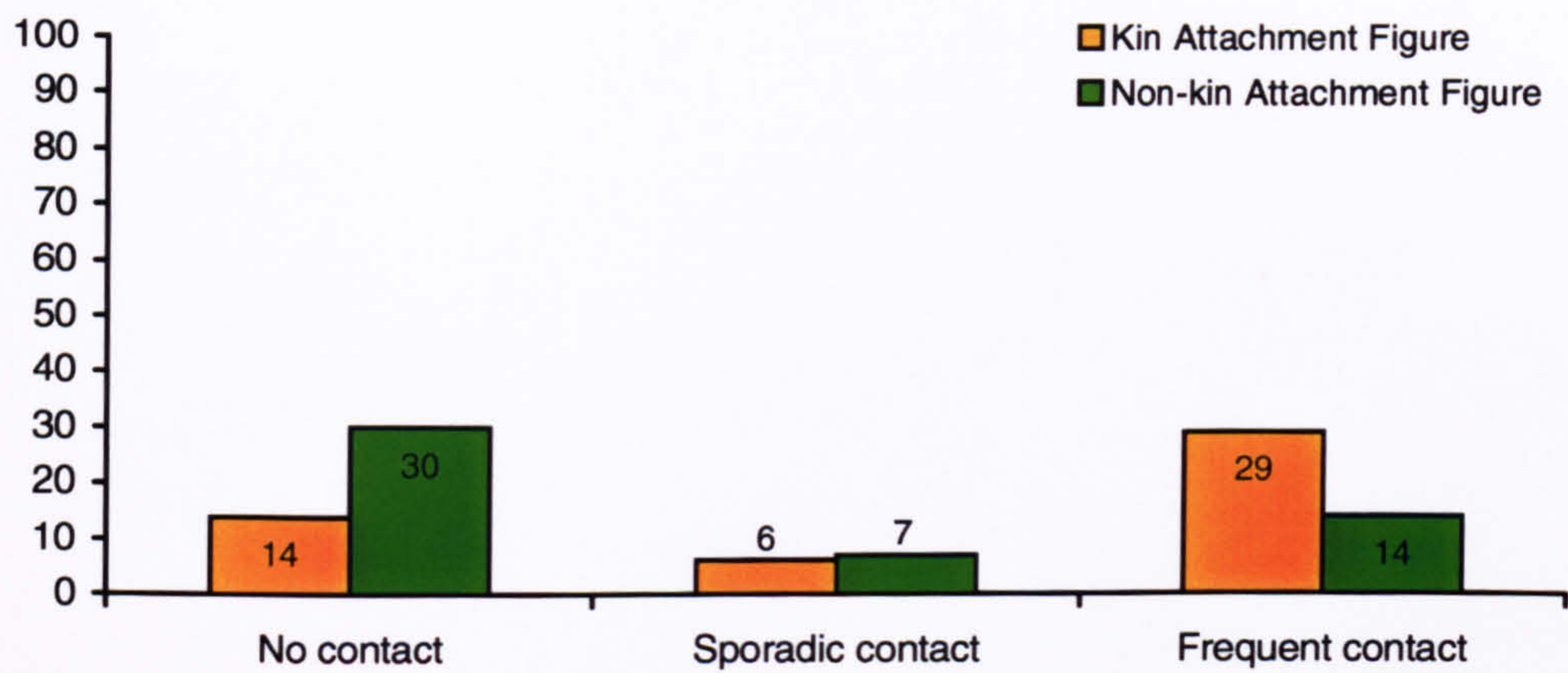


Figure 7.3 Contact with family and the type of chosen attachment figure

Secondly, the potential for a relationship between the type of chosen attachment figure and the length of time spent in care institutions was investigated. The findings of previous studies on institutionally reared children suggest that these children display marked ‘indiscriminate over-friendly’ behaviour to adults outside the family, which could persist through adolescence. For example, in Hodges and Tizard’s study (1989a) the ex-institutional adolescents were found to be more often oriented towards getting attention from adults outside their families. If this is true for the adolescents living in care in the present study, it may be expected that the preference for non-kin attachment figures will be associated with a long history of institutional upbringing, especially in the early years. In order to investigate this relationship a Chi-square analysis was run between type of chosen attachment figure (kin or non-kin) and length of institutional placement (categorised as *short*, *medium* or *entire life*). As Figure 7.4 shows, there is a significant relationship [ $\chi^2(2)=7.810$ ,  $p=.02$ ] between the length of institutional placement and the chosen attachment figure. Teenagers who had spent most of their lives in institutions tended to choose their attachment figures



from outside the family (non-kin), and those who had spent less time in institutions tended to choose their attachment figures from family members.

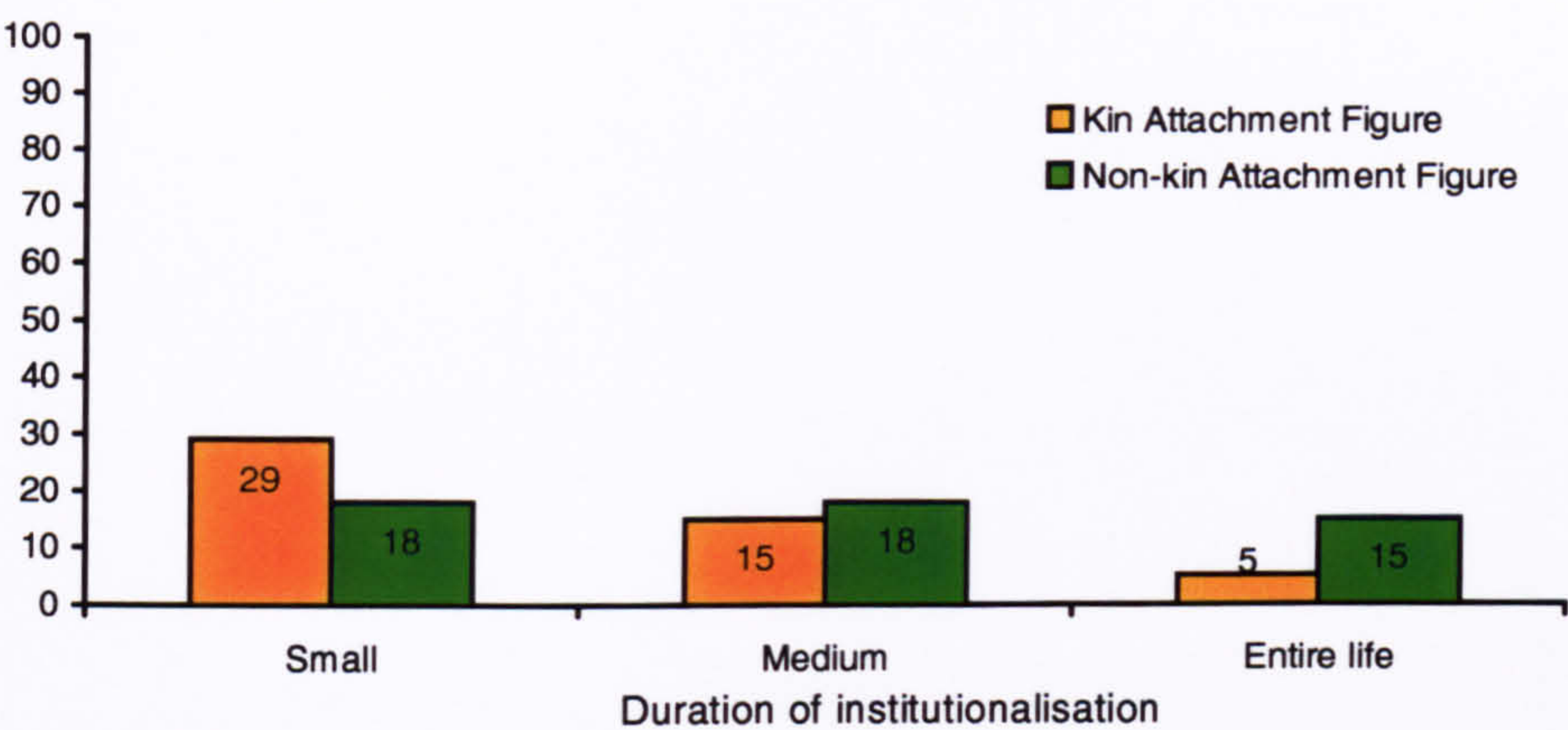


Figure 7.4 Duration of institutionalisation and type of chosen attachment figure

In order to analyse further the interaction effect of contact with family and duration of institutionalisation, a logistic regression analysis was run. Contact with family and duration of institutionalisation were introduced into the regression model stepwise, as four ‘dummy’ variables (independent variables), and the chosen attachment figure was introduced as a ‘dummy’ dependent variable (coding for kin vs non-kin). The regression model was significant ( $R^2=.129$ ,  $\chi^2(4)=13.793$ ,  $p=.008$ ), and teenagers’ frequent contact with family was the only predictor that made a significant contribution to the model ( $\beta=1.185$ ,  $df=1$ ,  $p=.018$ ). Thus it seems that the type of chosen attachment figure is primarily associated with the amount of contact between teenagers in care and their families. When contact between teenagers in care and their families is maintained through visits and/or holidays spent at home, family figures continue to act as attachment figures; when contact with families ceases for long periods of time, teenagers turn for psychological comfort to non-kin attachment figures, who are more constantly present in their lives. The analysis also suggests that it is less likely that choosing a non-kin attachment figure is a symptom of ‘indiscriminate overfriendliness’ towards adults outside family. However, the indiscriminate attachment was predominantly identified in studies of young children



who experienced institutional upbringing (Chisholm, 1998; Chisholm *et al.*, 1995; O'Connor *et al.*, 2000a; Tizard, 1977), and therefore may not be applicable to adolescents.

**Group differences in quality of attachment to adult figures**

The aim of the study was to explore whether there are differences in reported quality of attachment to adult figures between teenagers experiencing institutional upbringing and those living in two-parent families. Table 7.6 shows the results of the comparison between the two groups in the measure of attachment to adult attachment figures.

Table 7.6 Group differences in attachment to adult figures

	In-care group (N=100) Mean / (SD)	Family group (N=100) Mean / (SD)	Mann-Whitney U test	p
Trust	39.37 (4.22)	39.95 (4.36)	4510.00	.229ns
Communication	33.07 (4.63)	33.96 (5.06)	4170.00	.054ns
Alienation	23.29 (5.20)	19.27 (5.63)	2936.00	.000**
Total Quality	49.15 (9.82)	54.70 (12.76)	3425.50	.000**

Note: Means and standard deviations are provided to indicate the pattern of differences but, because the distributions were skewed, the Mann-Whitney U test was used to test for statistical significance of differences.<sup>1</sup> Other tables follow the same convention.

Overall, the two groups differ significantly in the alienation and quality scores of attachment to adult figures, but the magnitude of the difference is less than a standard deviation in both scores. The teenagers growing up in state care institutions reported a significantly lower quality of attachment and higher levels of alienation than the teenagers growing up in parental families. Teenagers in care also reported less communication with their attachment figures, but the difference falls short of statistical significance ( $p=.054$ ). However, the two groups do not differ significantly in trust scores ( $p=.229$ ). The lack of difference in the trust measure, which forms the basis of attachment security, is of particular importance. For example, in descriptions

<sup>1</sup> All the reported significance tests (p) are two-tailed, in accordance with the exploratory nature of the study. If  $p=.000$  is reported, the indication is that of a probability of  $p<.001$ , i.e. extremely small. For ease in reading the tables, p values are flagged, where relevant, as follows: \*  $p<.05$ ; \*\*  $p<.01$ ; ns = not significant. Other tables follow the same conventions.



of the relationship with the chosen attachment figure, the word 'trust' (used both as a verb and as a noun) appeared with approximately the same frequency in the descriptions given by the teenagers in care (6% of the responses) and in those given by the teenagers living with their families (7% of the responses). In the present samples, teenagers reported trusting relationships with their attachment figures and perceived their attachment figures as being responsive and helpful, irrespective of whether they were living in childcare institutions or within their own families.

However, the two groups differ significantly in terms of their reported feelings of alienation from their attachment figures, teenagers in care reporting more emotional detachment than teenagers living with their families. This difference emerged also from the teenagers' descriptions of their relationships with their chosen attachment figures. For example, the word 'love' (used both as noun and as a verb) occurred less frequently in the descriptions given by teenagers in care (26% of the responses) than in those given by teenagers living with their families (53%). The higher alienation scores are primarily responsible for the overall lower quality of attachment reported by teenagers growing up in state care institutions. This suggests a rather contradictory picture regarding the attachment representations of teenagers living in care: in spite of their having trusting relationships and good communication with adult figures, who are perceived as being responsive and helpful, these relationships lack the appropriate emotional/affective dimension. 'Emotionless' attachment behaviour is a feature of attachment behaviour reported in previous studies of institutionally reared children (Terwogt *et al.*, 1990; Wolkind, 1974), who were described as 'not [caring] deeply about anyone' (Hodges and Tizard, 1989a, p. 78). The combination of relatively high trust scores with high alienation scores in teenagers living in care suggests a disorganised, ambivalent attachment pattern (Crittenden, 1999; Howe and Fearnley, 1999). Such a pattern seems also to predominate in samples of children from economically disadvantaged backgrounds or maltreated children (Barnett *et al.*, 1999; Morton and Browne, 1998).

### *Mediators of group differences in attachment to adult figures*

The effects of adolescents' gender and type of attachment figure on the association between type of rearing (in institutions versus in families) and attachment quality were investigated, as potential mediating factors in respect of group differences.



Previous studies on normative samples have reported that the quality of attachment during adolescence is influenced by the gender of the adolescent (Buist *et al.*, 2002; Muris *et al.*, 2001). Usually girls report higher quality of attachment to family members than boys. For the present study, tests were conducted to see whether there were any gender differences in attachment reports within and across groups (Table 7.7).

Table 7.7 Gender differences in attachment to adult figures

	Gender differences within			Gender differences			Gender differences	
	In-care group			within Family group			between groups	
	Boys (n=50)	Girls (n=50)	p <sup>a</sup>	Boys (n=50)	Girls (n=50)	p <sup>b</sup>	Boys <sup>c</sup>	Girls <sup>c</sup>
Trust	39.36 (4.53)	39.38 (3.93)	.822ns	39.42 (3.79)	40.48 (4.84)	.036*	.887ns	.059ns
Communication	32.54 (5.33)	33.60 (3.77)	.404ns	32.89 (5.45)	35.02 (4.46)	.035*	.582ns	.019*
Alienation	22.64 (5.47)	23.94 (4.89)	.209ns	19.46 (4.87)	19.08 (6.35)	.483ns	.003**	.000**
Total Quality	49.26 (10.54)	49.04 (9.15)	.799ns	52.95 (11.84)	56.42 (13.50)	.085ns	.091ns	.000**

<sup>a</sup> Significance of Mann-Whitney U test for gender differences within in-care group.

<sup>b</sup> Significance of Mann-Whitney U test for gender differences within family group.

<sup>c</sup> Significance of Mann-Whitney U tests for gender differences between groups.

The analyses reveal that there are no significant gender differences in attachment to adult figures within the care group, boys and girls living in care showing similar scores on all attachment sub-scales. Within the family group, girls scored significantly higher on trust and communication than boys; they also reported higher quality of attachment, but this was not statistically significant ( $p=.085$ ). These results broadly confirm previous findings that girls report higher quality of attachments than boys, and this can be understood from an ethological perspective. According to the genetic underpinning of attachment theory, these gender differences may stem from female subjects being genetically biased to be more attachment-oriented than males, as a manifest aspect of their reproductive role. It is interesting that gender differences in reported attachment to adult figures emerged only between teenagers living with their families, but not between teenagers living in care. The absence of gender contrasts in



a sample that has experienced an atypical rearing pattern may suggest that the effects of gender that are ordinarily found in normative samples are reduced as the impact of the rearing style is stronger.

However, when compared across groups, boys living in families showed scores similar to those of boys living in care on most attachment sub-scales, except the alienation score, which is significantly higher for boys living in care, mirroring the group difference in alienation scores. But girls living in families scored significantly higher than girls living in care on trust, communication and quality of attachment (the difference in the trust score falls short of statistical significance:  $p=.059$ ) and lower on alienation. Perhaps this interaction between gender and rearing style suggests that institutional rearing has a greater impact on girls' attachment to adult figures than it does on boys'.

The type of chosen attachment figure (kin versus non-kin) was also considered as a potential influence on the reported attachment quality. In a study investigating adolescent attachment to mother, father and siblings, Buist *et al.* (2002) reported that type of attachment figure has a highly significant effect on the quality of adolescent attachment: quality of adolescent attachment to mother is significantly higher than quality of attachment to father, which is also significantly higher than quality of attachment to a sibling. Therefore, it was reasonable to hypothesise that, in the present study, teenagers would report different qualities of attachment to kin and non-kin attachment figures.

Group differences in attachment quality were explored by categories of attachment figures, and the results are shown in the Table 7.8. Overall, within groups the type of attachment figure, whether kin or non-kin, does not significantly influence the reported quality of adolescents' attachment relationships. The analyses show that, even though teenagers who have chosen a family member (kin) as attachment figure reported, overall, higher levels of attachment quality and lower alienation than those who had chosen a non-kin attachment figure, there are no statistically significant differences within either group, except that the difference in communication scores was significant ( $p<.05$ ) for the family group. The fact that teenagers living with their families reported significantly higher communication scores with a kin attachment figure than with a non-kin could be a reflection of the fact that they have more communication with family members, with whom they have more frequent



interactions. Across groups, teenagers living in care and those living with their families report similar scores in quality of attachment to non-kin figures, except that the mean of the alienation score is higher for teenagers living in care. However, in respect of kin attachment figures, teenagers living with their families report significantly higher communication and total quality scores and lower alienation scores. It seems that the difference between groups lies in reported quality of attachment to kin figures, and not in quality of attachment to non-kin figures. This finding, that the two groups differ significantly in reported quality of attachment to kin figures but not in quality of attachment to non-kin figures, is interesting. It may be that attachment to non-kin figures reflects a construct which is different from attachment to family members and which is therefore not fully captured by the IPPA. Alternatively, the difference may be too weak to have been demonstrated significantly among the participants in the study, especially since only a small proportion of teenagers living with their families chose a non-kin attachment figure.

Table 7.8 Group differences in attachment to kin and non-kin attachment figures

	In-care group			Family group			Differences between groups	
	Kin (n=49)	Non-kin (n=51)	p <sup>a</sup>	Kin (n=80)	Non-kin (n=20)	p <sup>b</sup>	Kin <sup>c</sup>	Non-kin <sup>c</sup>
Trust	40.00 (3.65)	38.76 (4.66)	.245ns	40.33 (4.19)	38.40 (4.80)	.072ns	.403ns	.778ns
Communication	33.34 (4.42)	32.80 (4.85)	.500ns	34.63 (4.56)	31.35 (6.15)	.026 *	.048 *	.464ns
Alienation	22.93 (5.55)	23.62 (4.88)	.333ns	19.28 (5.79)	19.20 (5.09)	.900ns	.001**	.002**
Total Quality	50.40 (9.75)	47.94 (9.82)	.204ns	55.75 (12.45)	50.55 (13.45)	.116ns	.003**	.406ns

Note: Kin = Kin Attachment figure; Non-kin = Non-kin Attachment figure.

- <sup>a</sup> Significance of Mann-Whitney U test for differences within in-care group by type of chosen attachment figure
- <sup>b</sup> Significance of Mann-Whitney U test for differences within family group by type of chosen attachment figure
- <sup>c</sup> Significance of Mann-Whitney U test for differences between groups by type of chosen attachment figure

A different sub-grouping of attachment figures was explored in order to determine whether it better explained the relationship between type of attachment figure and reported quality of attachment. Among the chosen attachment figures, two categories emerged as predominant for teenagers living in care: almost equal proportions of



teenagers in care chose as their attachment figures one of their parents (27%) and an institutional caregiver/educator (26%). Choosing a parent versus an educator as attachment figure was significantly associated with the contact teenagers in care have with their families [ $\chi^2(2)=8.517$ ,  $p=.014$ ], and not associated with length of time spent in institutional care [ $\chi^2=3.526$ ,  $p=.172$ ], suggesting that for those teenagers who had lost contact with their parents educators occupy a ‘parent surrogate’ role. As Table 7.9 shows, although teenagers living in care who chose a parent as attachment figure reported higher attachment scores overall than those who chose an educator, none of the differences was statistically significant. However, teenagers living in care reported significantly less trust and attachment quality, and more alienation from parents or educators, than teenagers living with their families.

Table 7.9 Differences in attachments to parents and educators

	In-care group		$p^a$	Family group	$p^b$
	AF: Parents (n=27)	AF: Educators (n=26)		AF: Parents (n=65)	
Trust	39.00 (3.97)	37.92 (4.66)	.497ns	40.52 (3.45)	.019 *
Communication	33.55 (4.62)	32.84 (4.82)	.514ns	34.78 (4.56)	.098ns
Alienation	23.33 (5.60)	24.11 (4.99)	.454ns	19.06 (5.76)	.000**
Total Quality	49.22 (10.64)	46.65 (9.06)	.383ns	56.34 (11.80)	.000**

*Note:* AF – Attachment Figure.

<sup>a</sup> Significance of Mann-Whitney U test

<sup>b</sup> Significance of Kruskal Wallis H test

It is not surprising that teenagers living in care reported a lower quality of attachment to their parents than teenagers living with their families: the fact that they live separated from their parents may constrain the quality of their relationship with parents. However, the fact that the educators are a constant daily presence in the lives of the teenagers who chose them as attachment figures does not render the quality of their relationship similar to that of relationships between teenagers living in their families and their parents. It is possible that these ‘reattachment’ relationships to institutional caregivers bear the sequelae of previous broken attachment to parents, since it could be argued that adolescents’ behaviour towards attachment figures does not necessary represent a clear break with prior patterns of attachment behaviour



(Allen and Land, 1999). However, the data used in the present study cannot support this causal interpretation, since the study is cross-sectional.

Further, it was necessary to investigate the existence of an interaction effect between the gender of the adolescent, the type of attachment figure and rearing experience on attachment to adult figures. Multiple regression analyses were performed for the trust, communication, alienation and total quality scores with sample, gender and type of attachment figure as predictors. As Table 7.10 shows, three of the linear models were significant, explaining between 6 and 12 per cent of the variation in attachment scores.

Table 7.10 Multiple regression analyses of the effects of rearing style, gender and type of chosen attachment figure on attachment to adults

	R <sup>2</sup>	F	p	Sample <sup>a</sup>		Gender <sup>b</sup>		Type of attachment figure <sup>c</sup>	
				β	p	β	p	β	p
Trust	.033	2.255	.083ns						
Communication	.056	3.886	.01 **	-.043	.562ns	-.159	.024 *	.153	.039*
Alienation	.124	9.272	.000**	.338	.000**	-.041	.541ns	-.033	.636
Quality	.080	5.639	.001**	-.192	.009**	-.064	.351ns	.143	.05*

<sup>a</sup> In-care group=1, family group=0

<sup>b</sup> Male=1, Female=0

<sup>c</sup> Kin attachment figure=1, Non-kin attachment figure=0

The analyses show that gender and type of attachment figure contributed significantly to almost 6 per cent of the variation in communication scores, suggesting that, overall, girls reported higher communication scores regarding kin attachment figures, irrespective of whether they were living with their families or in institutions. The higher quality of attachment to kin figures reported by teenagers living with their families contributed significantly to the variation in the quality of the adolescents' attachment to attachment figures (8%). The only significant effect on alienation scores was that of institutional versus family rearing, which contributed to approximately 12 per cent of the variance in adolescents' reports of alienation feelings, and this is irrespective of the adolescents' gender or the type of attachment figure chosen.



The overall results render high alienation as a specific feature of attachment in adolescents living in care. According to attachment theory predictions, the emotional detachment of teenagers living in care could mirror their past responses to insensitive or inconsistently responsive attachment figures (such as parents or primary caregivers). Alternatively, the interruption of attachment bonds with parents caused by a child's separation from them through institutionalisation could also be reflected in the lack of consequent emotional involvement with parents and other attachment figures. Moreover, those teenagers who entered care during middle childhood or later could have perceived the parental separation as rejection, and this could be reflected in later emotional unresponsiveness. Studies on the effects of perceived parental rejection on children have documented that these may include emotional unresponsiveness (Dance *et al.*, 2002). More recently, the idea of the 'reflective self' or 'mentalising capacity' (O'Connor and Hirsch, 1999), defined as an individual's representation of his or her own and others' mental states and the ability to reflect on these (Fogany *et al.*, 1997 cited in O'Connor and Hirsch, 1999), has been used to extend the concept of 'internal working models' of attachment. The poverty of interpersonal exchanges in some children's environments also means that these children are exposed to fewer words that could help them identify, conceptualise and discriminate between feelings and other mental states. This lack of 'emotional scaffolding' (Howe and Fearnley, 1999), which has been documented in previous studies of neglected children (Barnett *et al.*, 1999), could also be relevant to the situation of children brought up in institutions, especially when institutional caregivers actively discourage any affectionate behaviour towards the children. This means that these children find it difficult to distinguish, understand and control emotions both in the self and in others, hence the 'emotional detachment' element of their attachment relationships.

### **Group differences in levels of attachment security regarding adult figures**

In accordance with the categorisation suggested by the authors of the IPPA, the subjects in the two groups were categorised into 'high' and 'low' attachment security levels in order to examine individual differences in attachment. The score distribution of each adult attachment sub-scale was divided into lowest, middle and highest third, using as a reference the scores of the 'family group' (since this group acts as a control



comparison). Subjects were assigned to the 'high secure attachment subgroup' if their alienation scores were low and if their trust and communication scores were at least of medium level. Other subjects were assigned to the 'low secure attachment subgroup' if both their trust and their communication scores were low and if their alienation scores were at least of medium level. Via this scheme, 72 subjects from the care group and 75 from the family group were categorised as having high or low secure attachments: within the state care group almost half the subjects (46%) were categorised as having high secure attachments and over a quarter (26%) as having low secure attachments. The attachment security distribution within the family group was similar: 51 per cent fell into the high secure attachment category and 24 per cent into the low security group. The relationship between attachment security and the groups is represented in Figure 7.5.

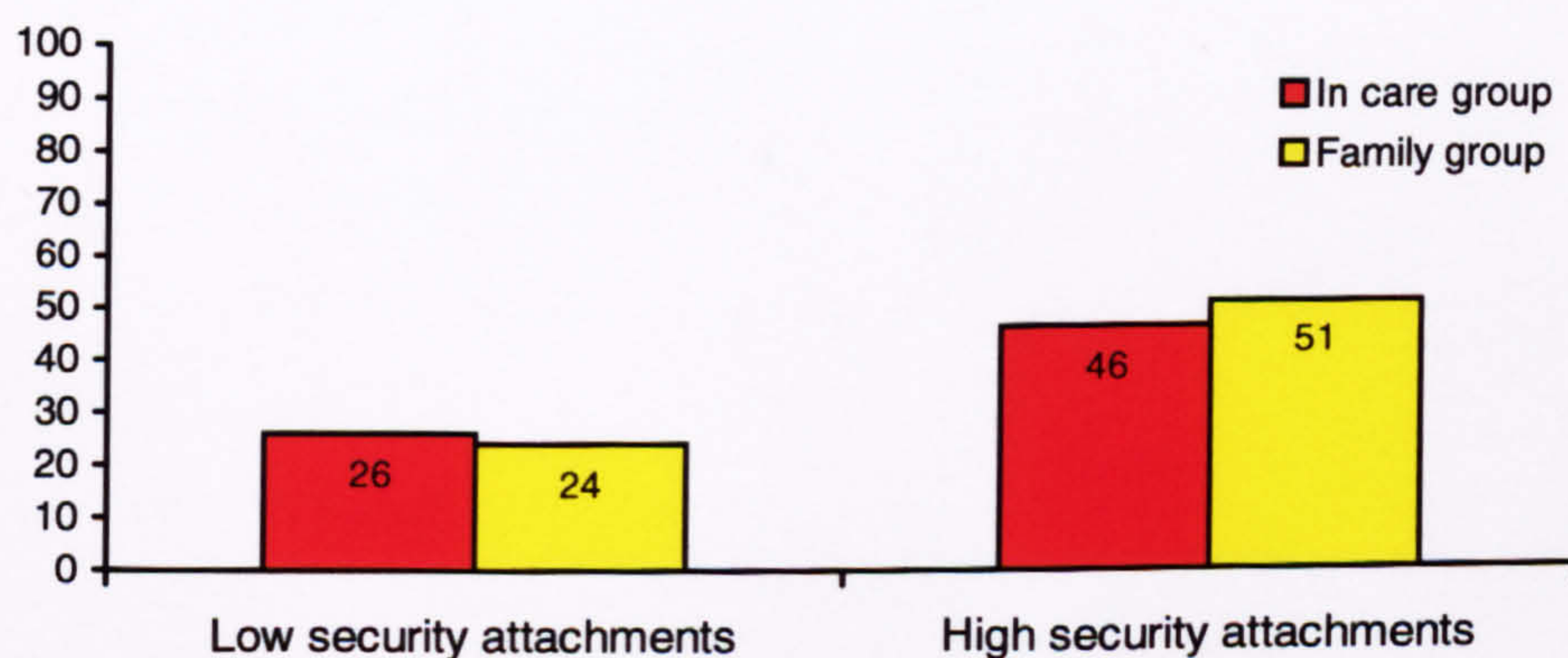


Figure 7.5 High and low secure attachments to adult figures by group

Even though there is a slight tendency for teenagers in state care to have more low secure attachments and fewer high secure attachments than teenagers in the family group (Figure 7.5), the Chi-square test was not statistically significant:  $\chi^2(1)=0.277$ ,  $p=.607$ ns .

The existence of a relationship between adolescents' gender and attachment security was examined, and the results are presented in Figure 7.6.



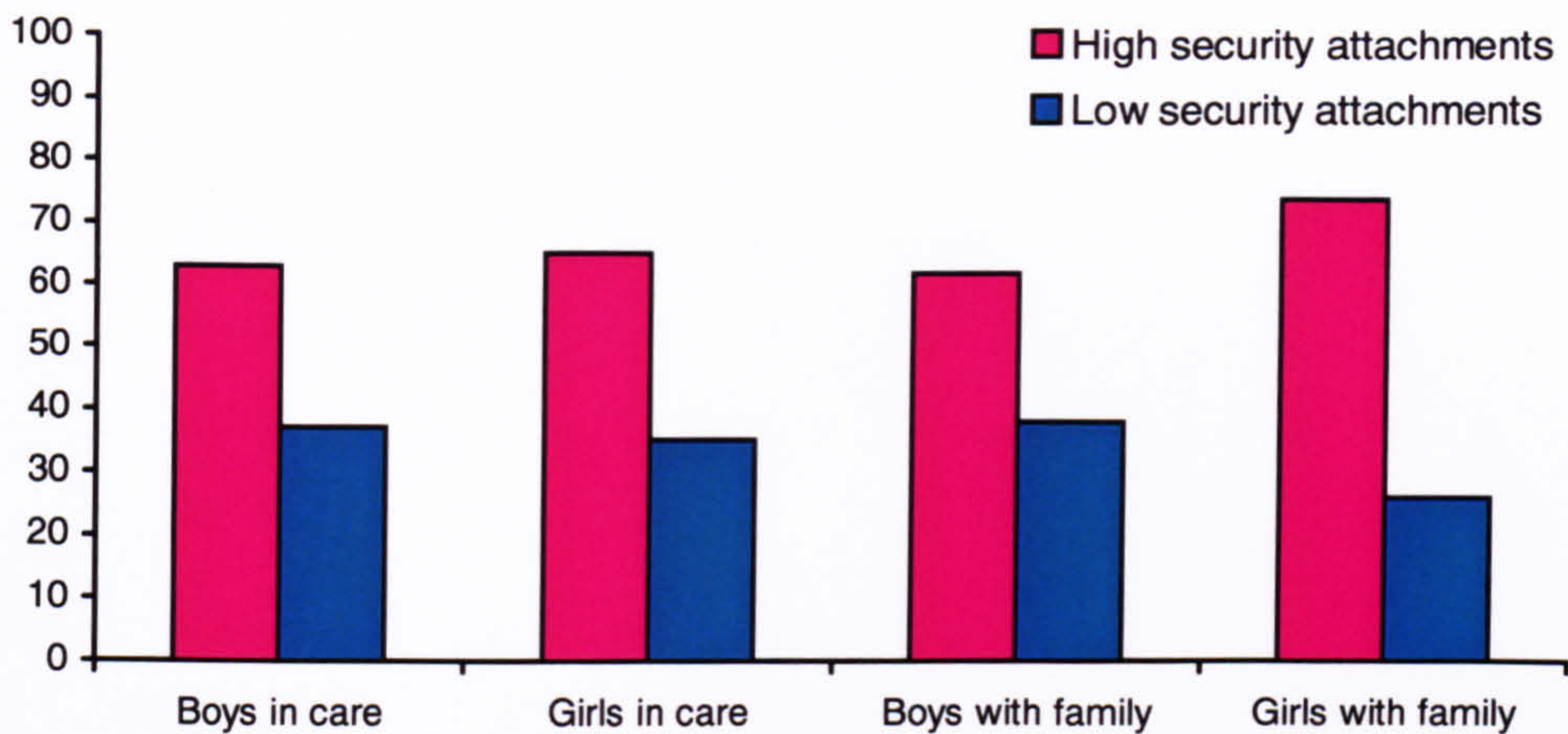


Figure 7.6 Gender differences in levels of attachment security

No significant associations were found between gender and security attachment levels within the care group [ $\chi^2(1)=0.031$ ,  $p=.891$ ] or within the family group [ $\chi^2(1)=1.144$ ,  $p=.285$ ], or for boys [ $\chi^2(1)=0.202$ ,  $p=.951$ ] and girls [ $\chi^2(1)=0.686$ ,  $p=.408$ ] across groups. It was concluded that the level of reported attachment security was not gender-mediated.

Next, the effect of the chosen attachment figure on the security of teenagers' attachment relationships was tested both within and between groups (Figure 7.7).

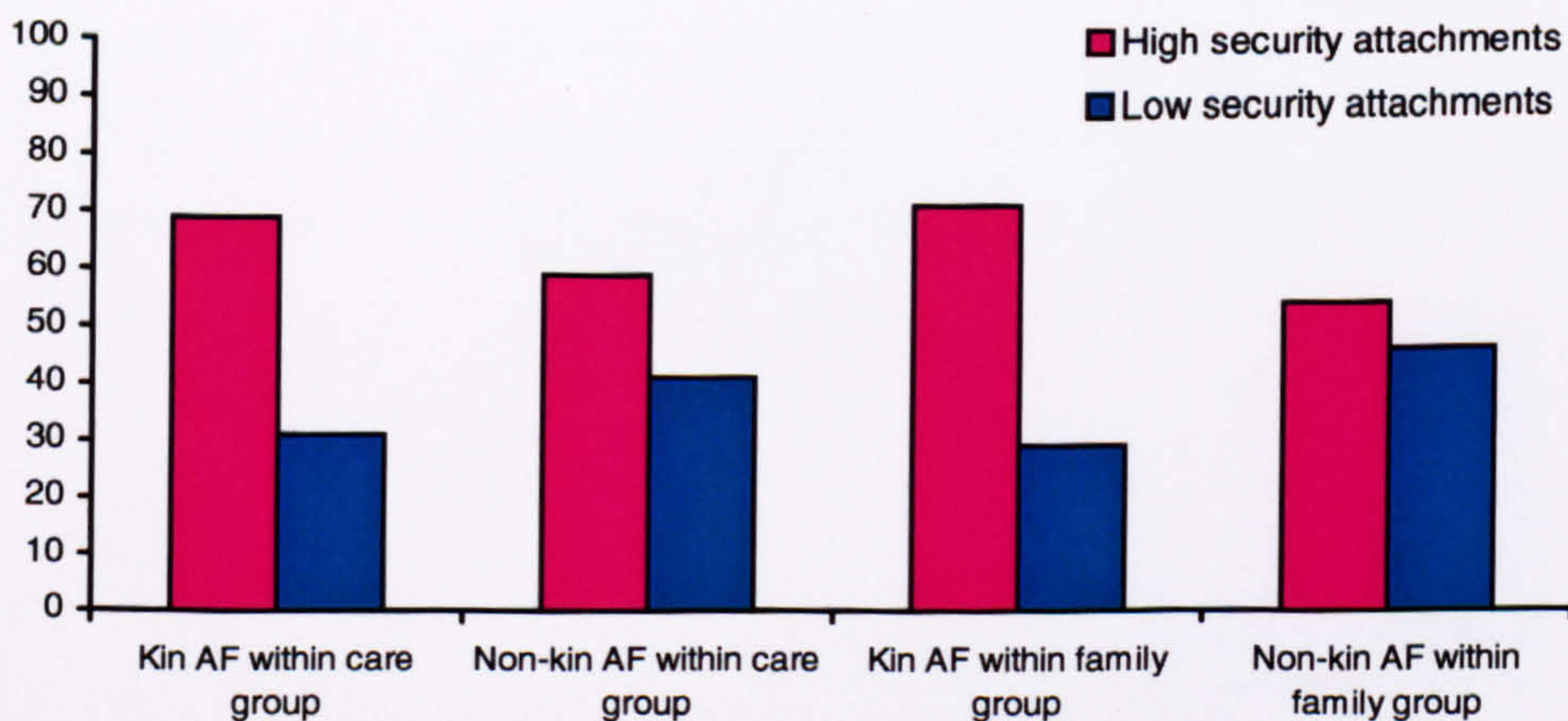


Figure 7.7 Levels of attachment security by type of chosen attachment figure



The results indicate that, within both groups, teenagers tended to have more secure attachments with family members than with non-kin figures, but this association was not statistically significant for either group [in-care group,  $\chi^2(1)=0.647$ ,  $p=.421$ ns; family group,  $\chi^2(1)=1.448$ ,  $p=.229$ ]. Also, there were no significant differences between the levels of attachment security in relation to kin figures [ $\chi^2(1)=0.061$ ,  $p=.804$ ] or non-kin figures [ $\chi^2(1)=0.124$ ,  $p=.724$ ] across groups. Therefore it may be concluded that the type of chosen attachment figure (kin or non-kin) does not influence the security level of the attachment relationship.

Moreover, when differences in security of attachment to parents and to educators were tested between adolescents in care and those living with their families (Figure 7.8), the analysis showed no significant association [ $\chi^2(2)=2.625$ ,  $p=.269$ ]. Thus it seems that, overall, institutional rearing, gender, or type of attachment security do not have a significant effect on the reported level of adolescents' attachment security. However, this result should be interpreted with caution as it is possible that the classification of attachment security based on the IPPA may not capture the attachment patterns, such as the 'disinhibited attachment pattern' (O'Connor *et al.*, 2000a), shown in previous research to be associated with institutional rearing. Moreover, the attachment classification used in the present study (Armsden and Greenberg, 1987) is only comparative, denoting more secure than insecure attachments, without discriminating between different patterns of insecure attachment (such as 'avoidant' or ambivalent') which could be more relevant for the group of teenagers living in institutions and separated from their parents. It is possible that use of a different, more comprehensive attachment assessment instrument, such as the Adult Attachment Interview, will cause different patterns of attachment in adolescents living in institutions to emerge, suggesting that further research is warranted.



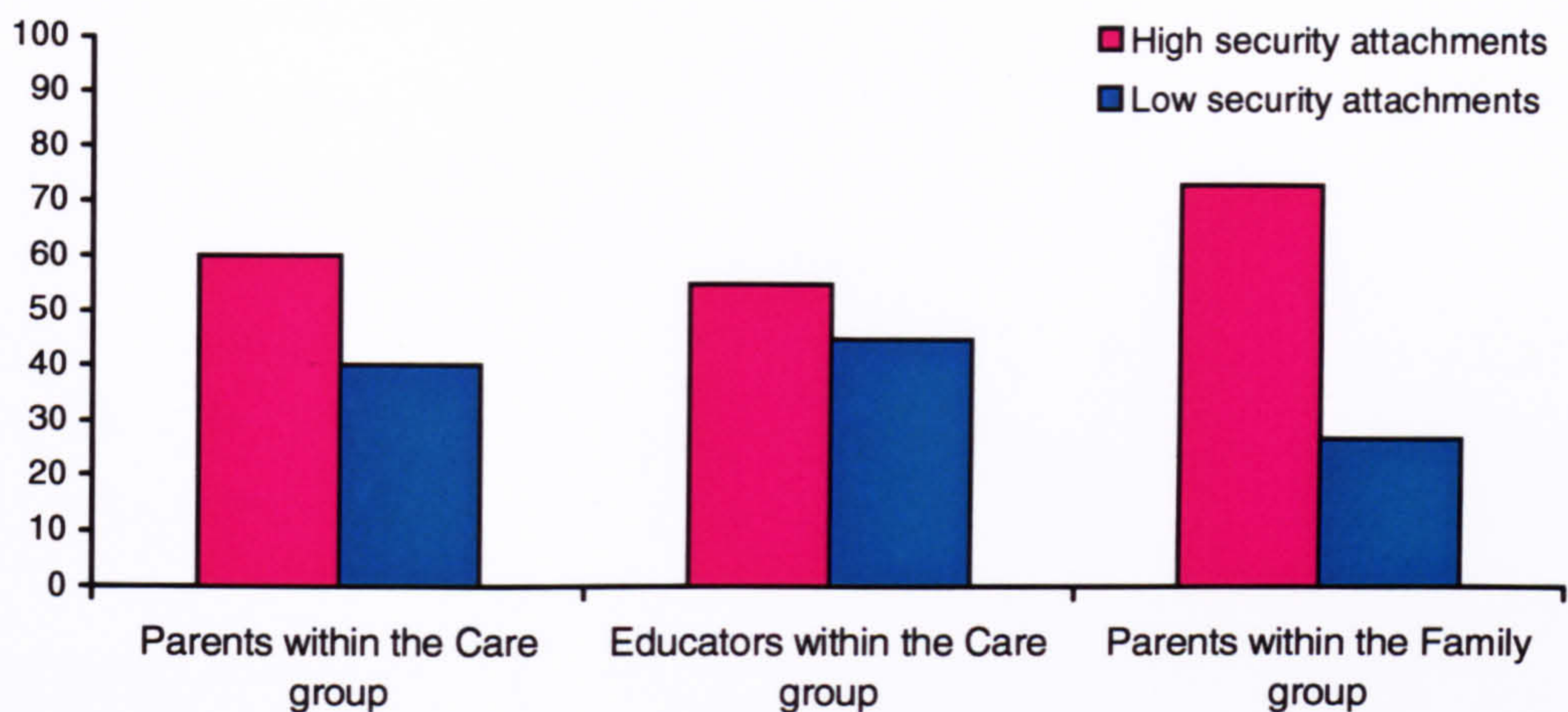


Figure 7.8 Levels of attachment security to parents and educators

### Summary: Institutional rearing and attachment to adult figures

The findings from the present research support several conclusions regarding adolescent attachment in general and the effect of institutional rearing on teenagers' attachment to adult figures in particular.

This study confirms that, during adolescence, teenagers chose their attachment figures among both family members and non-kin persons. However, teenagers living in care chose more non-kin attachment figures than teenagers living with their families, and their preference for non-kin attachment figures seems to be influenced primarily by whether or not their families maintained contact with them during institutional placement.

In the present samples, adolescents living in care reported an overall lower quality of attachment to, and stronger feelings of alienation from, their attachment figures. However, the difference in overall attachment quality between teenagers living in institutions and those living with families was primarily accounted for by the higher quality of attachment to family members reported by teenagers living with their families. The higher reported feelings of alienation and emotional detachment emerged as a specific attachment feature of teenagers living in care, and this was not mediated by the gender of the adolescent or the type of attachment figure chosen (kin versus non-kin).



The experience of institutional rearing does not seem to prevent teenagers from forming high secure attachments to their attachment figures, nor is institutional rearing associated with attachments marked by low security. Having a more comprehensive assessment of attachment would profit future research, so that specific features of attachment in adolescents experiencing institutional care may be distinguished. The evidence found for the negative emotional dimension of attachment in these adolescents offers only a preliminary understanding of the influence of institutional rearing on adolescents' attachment and further study is warranted. Future research should also examine longitudinal data developmentally so that causal interpretations can be supported.

### **Peer Attachment**

Early theories concerning the relative shifting influence of parents and peers during adolescence present a picture of a major shift from parent to peer salience, but recent research has considerably revised this approach (Greenberg *et al.*, 1983). Research on adolescent autonomy processes (Allen and Land, 1999) suggests that growing autonomy from parents during this period creates 'healthy' pressure to begin to use peers as attachment figures, so that attachment needs can be met while autonomy in relationships with parents is established. From this perspective, adolescence may be viewed as a period in which attachment needs are gradually transferred to peers, so that by mid-adolescence, interactions with peers begin to take on functions such as the provision of sources of support, intimacy, social influence and, ultimately, attachment relationships (Markiewicz *et al.*, 2001). Often, by late adolescence, long-term relationships can be formed, in which peers (both as close friends or romantic partners) serve as attachment figures. In accordance with attachment theory, Weiss (1991) argues that adults' attachments to their peers are characterised by a seeking out of attachment figures when under stress, by the experiencing of anxiety when these figures are inaccessible, and by the experience of feeling comforted when in their company. Similarly, during adolescence, close and emotionally significant peer relationships can be considered as a type of attachment relationship, the particular importance of which is the peer's ability to provide adolescents with needed emotional resources, relevant role models, instrumental assistance and self-esteem support (Cassidy *et al.*, 1996; Felsman and Blustein, 1999; Greenberg *et al.*, 1983).



As relational theories have suggested, close relationships in late adolescence have some of the qualities of attachment bonds, in that they provide an enduring sense of closeness and felt security (Ainsworth, 1991). Research that has examined attachments in adolescent peer relationships suggests that the nature of developed peer attachment relationships derives from prior attachment relationships with parents as well as from prior relationships with peers. Armsden and Greenberg (1987) found that individuals who report secure attachments to their parents also reported a high quality attachment to their peers.

In the light of the attachment processes that emerge within many close peer relationships, the present study explored the quality of peer attachments in teenagers living in institutions and in those living with their families. Previous studies show conflicting findings concerning the impact of institutional rearing on peer relationships. For example, in their longitudinal study of institutionally reared infants, Tizard and colleagues found that ex-institutional children at ages 4 and 8 tended to be quarrelsome and unpopular with other children (Tizard and Hodges, 1978; Tizard and Rees, 1974, 1975), and at age 16 the ex-institutional adolescents had more difficulties with peers and fewer close peer relationships than matched comparison adolescents (Hodges and Tizard, 1989a). In a more recent study, 9-year-old children in long-term residential group care in Greece showed fewer harmonious, confiding relationships with their peers than children reared in families (Vorria *et al.*, 1998a, b). On the other hand, in their study of twenty-five 2- to 4-year-old children living in Cradles in Romania, Kaler and Freeman (1994) report that the children's greatest abilities were in the area of peer social interaction, explained by the fact that, since interactions with caregivers were minimal, children used each other as social partners. However, in their longitudinal study of Romanian children adopted from institutions in the UK, Rutter *et al.* (2001) reported that poor peer relationships were not associated with institutional privation. Given these conflicting previous findings, it was difficult to hypothesise about the peer attachment of adolescents who have lived for several years in institutional care, and continue to do so.

### **Group differences in quality of peer attachment**

The existence of differences in reported peer attachment between teenagers living in care and in families was investigated. As Table 7.11 shows, teenagers growing up in



institutions reported, overall, significantly less trust and quality of attachment to their peers, and more alienation, than teenagers growing up with their families. In respect of the communication score, teenagers in care scored higher than teenagers growing up in their families, though the difference was not statistically significant ( $p=.176$ ). As in the case of attachment to adult figures, the alienation scores of teenagers growing up in institutions were significantly higher, indicating the lack of an ‘affective’ dimension in their attachment to peers. In addition, they reported significantly fewer feelings of trust towards their peers, suggesting that the ‘felt secure’ dimension of their attachment to their peers is diminished.

Table 7.11 Group differences in peer attachment

	In-care group (N=100) Mean / (SD)	Family group (N=100) Mean / (SD)	Mann-Whitney U test	p
Trust	40.34 (7.56)	43.53 (5.71)	3762.00	.002**
Communication	31.46 (6.44)	30.54 (5.53)	4447.50	.176ns
Alienation	20.76 (4.72)	18.86 (4.01)	3640.50	.001**
Quality of attachment	51.04(13.38)	55.21 (12.06)	4023.50	.017 *

The impact of the adolescents’ gender on the association of peer attachment and type of rearing (in institutions and in family) was examined. Previous studies (Armsden and Greenberg, 1987; Muris *et al.*, 2001) have shown that girls tend to report higher peer attachment than boys, scoring higher on the trust and communication scales of the IPPA. Within the present samples, girls scored higher on trust, communication and overall quality of peer attachment, and lower on alienation, than boys, but the differences were not statistically significant for either group (Table 7.12). It could be concluded that, in the present study, the effect of institutional rearing upon peer attachment does not seem to be gender-mediated.



Table 7.12 Gender differences in peer attachment

	Gender differences within In-care group			Gender differences within Family group			Gender differences between groups	
	Boys (n=50)	Girls (n=50)	p <sup>a</sup>	Boys (n=50)	Girls (n=50)	p <sup>b</sup>	Boys <sup>c</sup>	Girls <sup>c</sup>
Trust	39.14 (8.38)	41.54 (6.51)	.192ns	42.66 (5.85)	44.40 (5.49)	.057ns	.044 *	.009**
Communication	30.76 (7.17)	32.16 (5.61)	.474ns	29.66 (6.25)	31.42 (4.58)	.122ns	.233ns	.523ns
Alienation	21.26 (5.03)	20.26 (4.38)	.351ns	19.14 (4.30)	18.58 (3.73)	.497ns	.012 *	.024 *
Total Quality	48.64 (14.41)	53.44 (11.94)	.142ns	53.18 (13.16)	57.24 (10.59)	.068ns	.122ns	.051ns

<sup>a</sup> Significance of Mann-Whitney U test for gender differences within in-care group.

<sup>b</sup> Significance of Mann-Whitney U test for gender differences within family group.

<sup>c</sup> Significance of Mann-Whitney U tests for gender differences between groups.

In the family group, however, the girls' higher trust and total quality scores just fall short of statistical significance when they are compared with the boys'. From a cultural perspective, the gender differences found may be understood as reflecting a gender-role stereotyping of adolescents according to which males need less support, and so boys' relationships with their peers are reported as being less trusting, and overall not so close as girls'. Similar findings about male sex stereotypes were reported by Collins and Read (1990) in their study of adult attachment. Between groups, the gender differences followed the group differences discussed above (girls and boys in the family group showing higher trust and lower alienation than boys and girls in the state care group), with the exception of the total score for quality of peer attachment, for which the gender differences across groups were not statistically significant for boys, and just fell short of statistical significance for girls.

**Group differences in levels of peer attachment security**

According to the categorisation suggested by the authors of the IPPA, the subjects in the two groups were categorised as high and low secure peer attachments according to their scores on Peer attachment scales. Using this scheme, 41 subjects from the care group and 66 from the family group were categorised as having either high or low secure peer attachments. The differences in high versus low security peer attachments between groups were examined, and the results are presented in Figure 7.9.



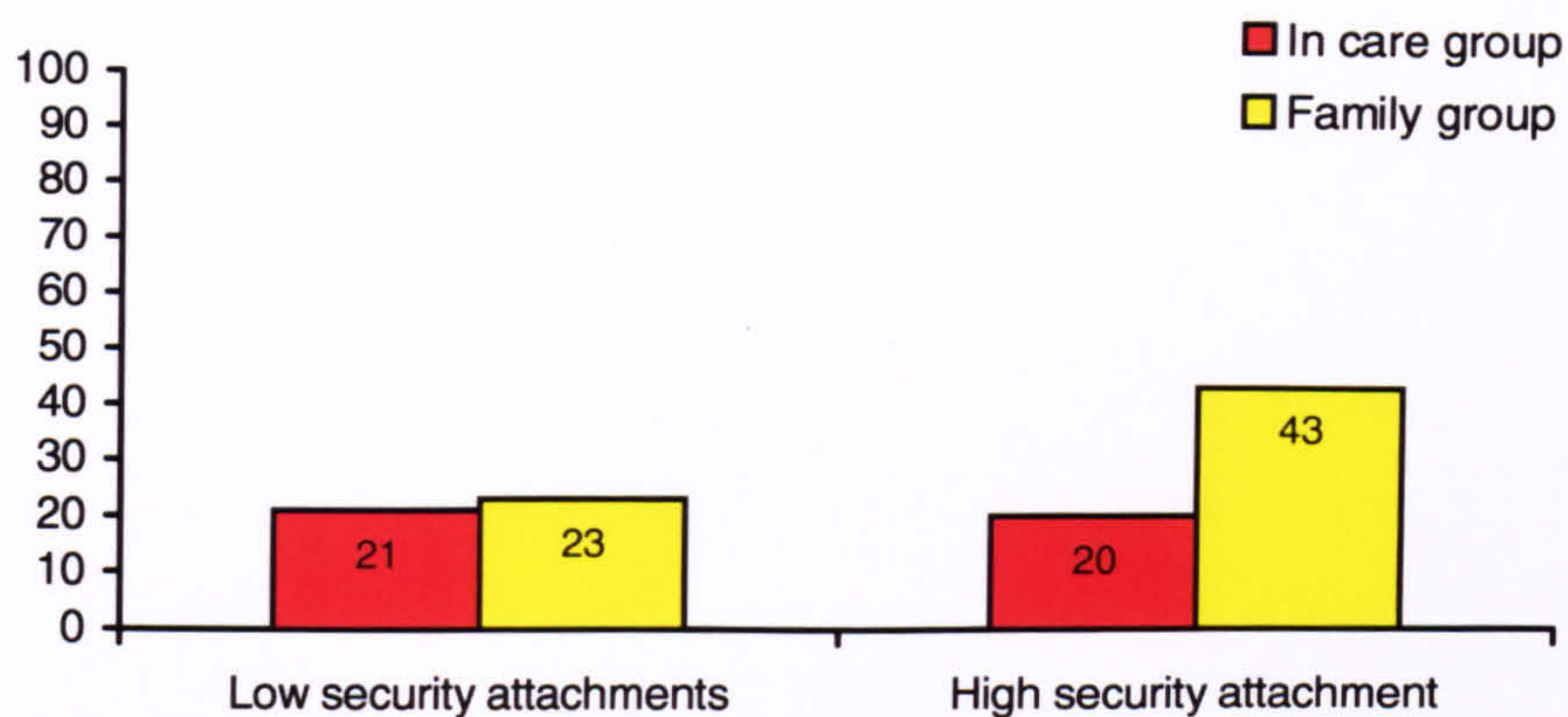


Figure 7.9 Peer attachment security levels by group

There was a significant association ( $\chi^2=15.208$ ,  $df=2$ ,  $p<.001$ ) between rearing style and peer attachment security levels. Although teenagers growing up in institutions did not report more low secure peer attachments, they reported significantly fewer high secure attachments to their peers than teenagers growing up with their families. In addition, the fact that, according to the peer security attachment classification suggested by the authors of the IPPA, in the present sample a significantly higher proportion of teenagers living with their parents (66) were classified than teenagers living in care (41) renders the relationship between rearing style and peer security attachment difficult to interpret.

In order to analyse the existence of a relationship between adolescents' gender and peer attachment security further, Chi-square analyses were run between and across groups split for gender (Figure 7.10). Within both groups, girls tended to report more secure attachments to their peers than boys, who reported more insecure peer attachments. This association was statistically significant only for the family group ( $\chi^2=6.281$ ,  $p=.019$ ), not for the care group ( $\chi^2=1.967$ ,  $p=.161$ ). When compared across groups, boys growing up in institutions did not significantly differ from boys growing up with their families in respect of reported peer attachments security ( $\chi^2=0.725$ ,  $p=.394$ ), and nor did girls growing up in institutions differ from girls growing up in families ( $\chi^2=2.365$ ,  $p=.124$ ).



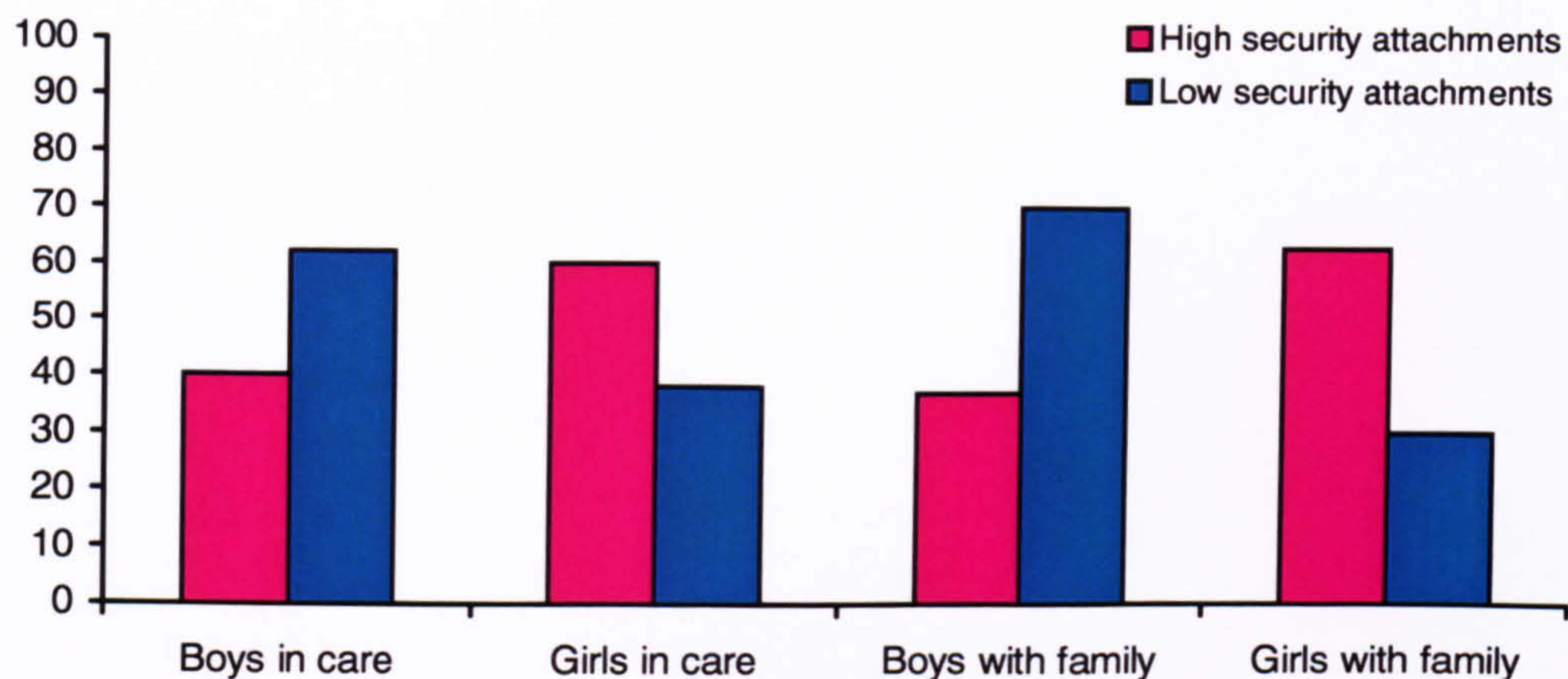


Figure 7.10 Gender differences in levels of peer attachment security

#### *Relationship between attachment to adults and peers*

Attachment theory argues that the nature of developed peer attachments derives from prior attachment relationships (Allen and Land, 1999). Previous studies (Armsden and Greenberg, 1987; Dekovic and Meeus, 1997) have shown that the quality of parent–adolescent relations appears to bear a strong resemblance to the quality of peer relations. Adolescents who have more positive relationships with parents, in terms of parental acceptance, attachment and involvement, also have a more positive relationship with peers. In the present study, it was possible to investigate the existence of a relationship between adolescents' attachments to adult figures and to peers. Chi-square analyses were performed for levels of attachment security regarding adults and peers. When both groups were pooled, there was a moderately significant association [ $\chi^2(1)=4.559$ ,  $p=.047$ ], indicating that teenagers with low security attachments to adults also reported low security attachments to peers, and that those who reported high security attachments to adults also reported high security attachments to peers. However, given the cross-sectional nature of this study, causal influences cannot be presumed. Moreover, when examined within groups, the relationship between attachment to adults and attachment to peers was deemed as non-significant within both the family [ $\chi^2(1)=0.559$ ,  $p=.499$ ] and the care group [ $\chi^2(1)=3.307$ ,  $p=.121$ ].



### **Summary: institutional rearing and peer attachment**

The present findings of the investigation of peer attachment quality in adolescents living in care and living with their families support the conclusion that teenagers living in care report a lower quality of attachment to their peers than teenagers living with their families. Also, the present data confirm previous findings (Armsden and Greenberg, 1987) that girls living with their families report overall more attachment security in relation to their peers than boys.

### **Behavioural and Emotional Strengths and Difficulties**

Over the last fifty years, numerous studies have highlighted the high rates of emotional and behavioural disturbance shown by many children reared in institutions. Various types of difficulty were found to be associated with the institutional rearing experience at different ages. For example, Tizard and Hodges (1978) found that attention-seeking behaviour, restlessness and disciplinary problems were the most frequently reported difficulties among 8-year-old children who had spent their early years in institutional care. The researchers found that, by the age of 16, these particular difficulties had lessened, but, according to teachers' reports, the ex-institutional adolescents still tended to be restless, irritable and resentful if corrected by adults (Hodges and Tizard, 1989a, b). Vorria *et al.* (1998a) found that a group of children in long-term residential care in Greece displayed more emotional difficulties, conduct problems and hyperactivity than children reared in their families. In a report concerning the assessment at ages 4 and 6 of the development of Romanian children adopted from Romanian orphanages, Rutter *et al.* (2001) concluded that inattention/overactivity was the most common dysfunction associated with institutional privation, whereas emotional and conduct problems were not associated.

### **Group differences in strengths and difficulties**

In the present study, the association between behavioural and emotional strengths and difficulties and adolescents' experience of institutional rearing was examined (Table 7.13).



**Table 7.13 Group differences in strengths and difficulties (informant and self-report)**

	In care group (N=100) Mean / (SD)	Family group (N=100) Mean / (SD)	Mann-Whitney U test	p
<i>Self-report</i>				
Conduct problems	3.73 (1.82)	2.68 (1.68)	3310.50	.000**
Hyperactivity	4.06 (1.89)	3.67 (1.92)	4315.50	.090ns
Emotional symptoms	4.42 (2.37)	3.74 (2.17)	4318.50	.034 *
Peer problems	4.30 (1.64)	2.94 (1.58)	2740.50	.000**
Total difficulties	16.51 (5.24)	13.03 (4.89)	2929.00	.000**
Pro-social behaviour	7.11 (3.19)	7.69 (1.77)	4235.50	.059ns
<i>Informant report</i>				
Conduct problems	3.13 (2.38)	1.47 (1.96)	2884.00	.000**
Hyperactivity	4.04 (2.42)	3.29 (2.34)	4116.00	.038 *
Emotional symptoms	3.25 (2.15)	2.72 (2.17)	4297.00	.082ns
Peer problems	3.22 (1.90)	2.32 (1.95)	3578.00	.001**
Total difficulties	13.47 (6.41)	9.80 (5.49)	3328.00	.000**
Pro-social behaviour	5.89 (2.64)	7.52 (2.33)	3121.00	.000**

Overall, teenagers growing up in institutions displayed higher levels of conduct problems, hyperactivity, emotional symptoms, and peer problems, and less pro-social behaviour, than teenagers brought up with their families, on both self and informant-report measures. The differences fall short of statistical significance in the case of self-reported hyperactivity ( $p=.09$ ) and pro-social behaviour ( $p=.059$ ), and similarly for informant-reported emotional symptoms ( $p=.082$ ).

Next, the impact of the adolescents' gender on the association between institutional rearing and emotional and behavioural problems was examined (Table 7.14).



Table 7.14 Gender differences in strengths and difficulties

	Gender differences within			Gender differences			Gender differences	
	In-care group			within Family group			between groups	
	Boys (n=50)	Girls (n=50)	p <sup>a</sup>	Boys (n=50)	Girls (n=50)	p <sup>b</sup>	Boys <sup>c</sup>	Girls <sup>c</sup>
<i>Self-SDQ</i>								
Conduct problems	3.92 (1.87)	3.54 (1.77)	.255ns	2.80 (1.67)	2.56 (1.69)	.509ns	.003**	.003**
Hyperactivity	4.20 (2.10)	3.92 (1.66)	.635ns	3.76 (1.95)	3.58 (1.90)	.549ns	.295ns	.142ns
Emotional symptoms	4.12 (2.32)	4.72 (2.40)	.349ns	3.30 (2.13)	4.18 (2.15)	.043 *	.057ns	.247ns
Peer problems	4.32 (1.57)	4.28 (1.72)	.814ns	2.98 (1.76)	2.90 (1.40)	.933ns	.000**	.000**
Total difficulties	16.56 (5.54)	16.46 (4.98)	.866ns	12.84 (4.97)	13.22 (4.86)	.602ns	.000**	.000**
Pro-social behaviour	6.44 (2.62)	7.78 (3.58)	.044 *	7.40 (1.87)	7.98 (1.64)	.135ns	.090ns	.335ns
<i>Informant SDQ</i>								
Conduct problems	3.38 (2.42)	2.88 (2.33)	.295ns	1.60 (1.80)	1.34 (2.11)	.090ns	.000**	.000**
Hyperactivity	4.30 (2.40)	3.77 (2.44)	.258ns	3.60 (2.20)	2.98 (2.47)	.124ns	.200ns	.084ns
Emotional symptoms	3.48 (2.10)	3.02 (2.19)	.207ns	2.82 (2.28)	2.62 (2.06)	.754ns	.081ns	.468ns
Peer problems	3.38 (2.02)	3.06 (1.77)	.662ns	2.38 (2.05)	2.26 (1.87)	.891ns	.007**	.030 *
Total difficulties	14.28 (6.57)	12.67 (6.21)	.209ns	10.40 (5.09)	9.20 (5.85)	.219ns	.005**	.006**
Pro-social behaviour	6.00 (2.72)	5.78 (2.58)	.731ns	7.36 (2.11)	7.68 (2.55)	.209ns	.004**	.000**

<sup>a</sup> Significance of Mann-Whitney U test for gender differences within in-care group.

<sup>b</sup> Significance of Mann-Whitney U test for gender differences within family group.

<sup>c</sup> Significance of Mann-Whitney U tests for gender differences between groups.

There were no significant gender differences within either group according to the informant reports. According to the self-reports, the only significant differences were in pro-social behaviour for the care group (the girls in care reporting more pro-social behaviour than the boys in care) and in emotional symptoms for the family group (the girls in family group reporting more emotional symptoms than the boys in the family group). In the case of younger children (aged 6 to 9), Dunn *et al.* (1998) found



significant differences between boys and girls in informant-reported total difficulties scores, where boys scored higher than girls, but this does not seem to be confirmed by the present data on adolescents. Preliminary analyses yielded an association between self-reported pro-social behaviour and age ( $r=.2114$ ,  $p=.003$ ). Further partial correlation showed that this association remains statistically significant when rearing style ( $r=.2071$ ,  $p=.003$ ) or gender ( $r=.1899$ ,  $p=.007$ ) are controlled for, suggesting that self-reported pro-social behaviour is higher in girls and also increases with age.

Across groups, the gender differences mirrored the overall group differences (both boys and girls in care displaying more behavioural and emotional difficulties and less pro-social behaviour than boys and girls living with their families). The gender differences between groups reached statistical significance only for conduct, peer problems and total difficulties scores, according to both informant and self-reports, and for informant-reported pro-social behaviour.

### **Institutional rearing and behavioural and emotional problems in the borderline/clinical range**

Overall, it seems that institutional rearing affects the whole spectrum of behavioural and emotional difficulties. In order to discern which particular problems situate the teenagers in care within the clinical/borderline range, the SDQ informant and self-reported scores were assigned to the 'normal', 'borderline' or 'clinical' range according to the SDQ bandings. A Chi-square analysis was run for the differences between groups in the frequency of emotional and behavioural problems in the borderline/clinical range (Table 7.15). The Chi-square analyses identified significantly more teenagers growing up in institutions in the borderline and clinical range regarding total difficulties, conduct problems and pro-social behaviour (according to both informant and self-reports) than teenagers living with their families. For example, according to informant reports, in respect of conduct problems 33 per cent of adolescents in care scored in the clinical range as against only 8 per cent of adolescents in families (the ratio for self-reported conduct problems is 16 to 7). In addition, according to self-reports, teenagers growing up in institutions reported more peer problems in the borderline and clinical range than teenagers living with their families, but this association was not significant according to teachers' reports. The adolescents' awareness of their problems with peers can be understood in terms



of the living situation of the teenagers in care: every individual has both long-term and highly intensive 24-hour relationships with a large group of peers, and so a higher level of peer problems may arise which may not necessarily be detected by observant outsiders such as caregivers.

Table 7.15 Emotional and behavioural problems in the borderline/clinical range

	In-care group (N=100)		Family group (N=100)		Chi-square tests	
	Informant report	Self report	Informant report	Self report	Informant report	Self report
<i>Conduct problems</i>						
Normal	56	44	85	72	$\chi^2=20.097$ , df=2, p<.001**	$\chi^2=16.198$ , df=2, p<.001**
Borderline	11	40	7	21		
Clinical	33	16	8	7		
<i>Hyperactivity</i>						
Normal	71	54	81	66	$\chi^2=3.193$ , df=2, p=.203ns	$\chi^2=3.128$ , df=2, p=.209ns
Borderline	17	38	14	27		
Clinical	11	8	5	7		
<i>Emotional symptoms</i>						
Normal	76	69	81	81	$\chi^2=.741$ , df=2, p=.690ns	$\chi^2=3.841$ , df=2, p=.146
Borderline	14	23	11	14		
Clinical	10	8	8	5		
<i>Peer problems</i>						
Normal	78	30	84	69	$\chi^2=.913$ , df=2, p=.633ns	$\chi^2=30.850$ , df=2, p<.001**
Borderline	11	47	8	23		
Clinical	10	23	8	8		
<i>Total difficulties</i>						
Normal	64	43	81	75	$\chi^2=9.144$ , df=2, p=.010**	$\chi^2=21.321$ , df=2, p<.001**
Borderline	8	29	9	14		
Clinical	26	28	10	11		
<i>Pro-social behaviour</i>						
Normal	70	26	91	40	$\chi^2=10.049$ , df=2, p=.004**	$\chi^2=7.102$ , df=2, p=.029*
Borderline	13	47	4	46		
Clinical	17	27	5	14		

Note: Observed frequencies are reported; Chi-square tests ( $\chi^2$ ) were computed for a 2x3 tables and 2 degrees of freedom; 0 cells have expected count less than 5.



Further Chi-square analyses revealed no association between emotional and behavioural problems in the borderline/clinical range and gender by group. The pattern of dysfunction associated with institutional upbringing that emerge from the present data is different from that revealed by the most recent reports of 'institutional privation patterns', based on the longitudinal study of Romanian children adopted in the UK. For example, in the present study the incidence of hyperactivity scores in the borderline and clinical range for adolescents living in institutions did not differ from that of clinical rates of hyperactivity in the comparison group. This is counter to the findings of ERA (Kreppner *et al.*, 2001; Rutter *et al.*, 2001), which support the conclusion that inattention/overactivity is a factor associated with duration of institutionalisation. Moreover, in the present samples, the prevalence of conduct problems in the clinical borderline range among teenagers in institutional care was significantly higher than for teenagers living with their families. Conduct problems were not found to belong to the 'institutional privation patterns' described by Rutter *et al.* (2001).

The differences in findings between the studies could be explained by the fact that there may be different 'institutional privation patterns' for different developmental stages, and thus those found in adolescence could be quite different from the behaviours associated with institutional privation in childhood. An alternative explanation might be found in the rather different 'institutional' experiences of participants in the present study and those participating in the ERA study. The participants in ERA studies are children who have (or are presumed to have had) experienced institutional privation in early infancy and then have been 'rescued' through adoption before the age of two, but sometimes much earlier than that, and placed in stimulating family environments. In the present study, the adolescent participants have experienced institutional care since childhood, and some of them for their entire lives.

In addition, the present study suggests that significant lower pro-social behaviour is strongly associated with institutional upbringing in adolescents. For example, 17 per cent of adolescents in care scored in the clinical range for informant-reported pro-social behaviour, compared to only 5 per cent of the controls (the ratio for self-reports is 27 to 14).



### *Behavioural and emotional problems and attachment*

The potential association between behavioural and emotional problems and attachment to adult figures and peers was explored through further analyses. The correlation analysis showed a significant association between the alienation scores of the adult Attachment Figure Scale and informant-reported conduct problems ( $r=.273$ ,  $p<.001$ ) and total problems scores ( $r=.237$ ,  $p=.001$ ), and the association remained significant, although reduced in magnitude, when partial correlation was performed controlling for sample ( $r=.169$ ,  $p=.018$ ;  $r=.1476$ ,  $p=.039$ ) and for gender ( $r=.173$ ,  $p=.015$ ;  $r=.154$ ,  $p=.031$ ). Thus it appears that the adolescents' perceptions of relationships with attachment figures, particularly feelings of alienation and emotional detachment, are linked to their behavioural adjustment. This finding is congruent with those of previous studies which have documented that quality of attachment during adolescence is strongly related to well-being (Armsden and Greenberg, 1987). In addition, in the present samples, quality of attachment to adult figures was strongly and negatively associated with informant-reported hyperactivity scores ( $r=-.187$ ,  $p=.008$ ), and this relationship was significant, although slightly reduced in magnitude, when controlling for sample ( $r=-.157$ ,  $p=.027$ ) and for gender ( $r=-.152$ ,  $p=.034$ ). Thus it seems that low reported attachment quality is associated with high hyperactivity scores. A similar finding was reported by Rutter *et al.* (2001), and by Kreppner *et al.* (2001), who found, in their sample of children taken from Romanian institutions and adopted in the UK, that a pattern of inattention/overactivity was displayed in association with attachment problems. However, in the present study, informant-reported hyperactivity scores were higher in the care group, albeit not when their prevalence in the clinical range was considered, and so this does not necessarily constitute a specific pattern of dysfunction.

In the present samples, there was also a significant association between peer alienation scores and informant-reported peer problems ( $r=.188$ ,  $p=.008$ ) and total difficulties scores ( $r=.214$ ,  $p=.003$ ), and these were also significant when controlling for sample ( $r=.148$ ,  $p=.038$ ;  $r=.161$ ,  $p=.024$ ) and for gender ( $r=.144$ ,  $p=.043$ ;  $r=.153$ ,  $p=.032$ ). It seems that stronger alienation feelings towards peers are linked not only to an increase in reported problems but also to greater emotional and behavioural difficulties. This finding confirms previous reports that quality of peer attachments in adolescents is strongly related to well-being.



## **Summary: institutional rearing and behavioural and emotional strengths and difficulties**

Even though institutional rearing seems to have an overall negative impact on the scores for a large spectrum of behavioural and emotional difficulties (conduct, hyperactivity, emotional symptoms, peer problems and pro-social behaviour), frequency of behavioural problems within the clinical/borderline range was significantly higher, in the state care group, only for conduct and pro-social behaviour (according to informant and self-reports) and for peer problems (according to self-reports only).

## **Intellectual Development and School Performance**

Early studies of the effect of institutional rearing upon child development highlighted its devastating effect on intellectual and cognitive development (Clarke and Clarke, 1976). However, these early findings were attributed to extremely poor living conditions in some of the studied institutions, and studies conducted in better childcare institutions have found little or no intellectual deficit in children reared in them (Tizard and Hodges, 1978; Tizard and Rees, 1974). Moreover, in their longitudinal study of ex-institutional adolescents, Hodges and Tizard (1989b) concluded that no effect of early institutionalisation could be found on IQ, even though the academic attainments of ex-institutional adolescents were lower than those of matched comparisons.

In the present study, the average IQ (as measured by SPM) of the teenagers growing up in institutions was 93.77 (median: 94.50, SD=13.37), with values between 50 and 125, which corresponds to an 'intellectually average' grade (Raven, 1988). For the present study, data regarding the IQ scores of teenagers living with their families were not collected, but it was possible to compare the IQ of teenagers growing up in care with standardised expected values for the Romanian teenage population as a whole (Figure 7.11). A one-sample Chi-square test yielded a value of 10.105, which was significant ( $p < .05$ ), indicating poorer intellectual development overall for the teenagers growing up in institutions. However, as Figure 7.11 shows, fewer teenagers living in institutions scored in the above-average range, and more in the average and below-average range than accords with expected population norm values. But no more teenagers living in care fell into the intellectually impaired category, and no



fewer into the superior intelligence category, than accords with expected population values. It seems that differences in measured IQ are due to more teenagers in care scoring in the average and below-average categories. The potential association between levels of intellectual development and gender was explored, but the mean difference in IQ scores for boys was not significantly different from that for girls ( $p=.456$ ).

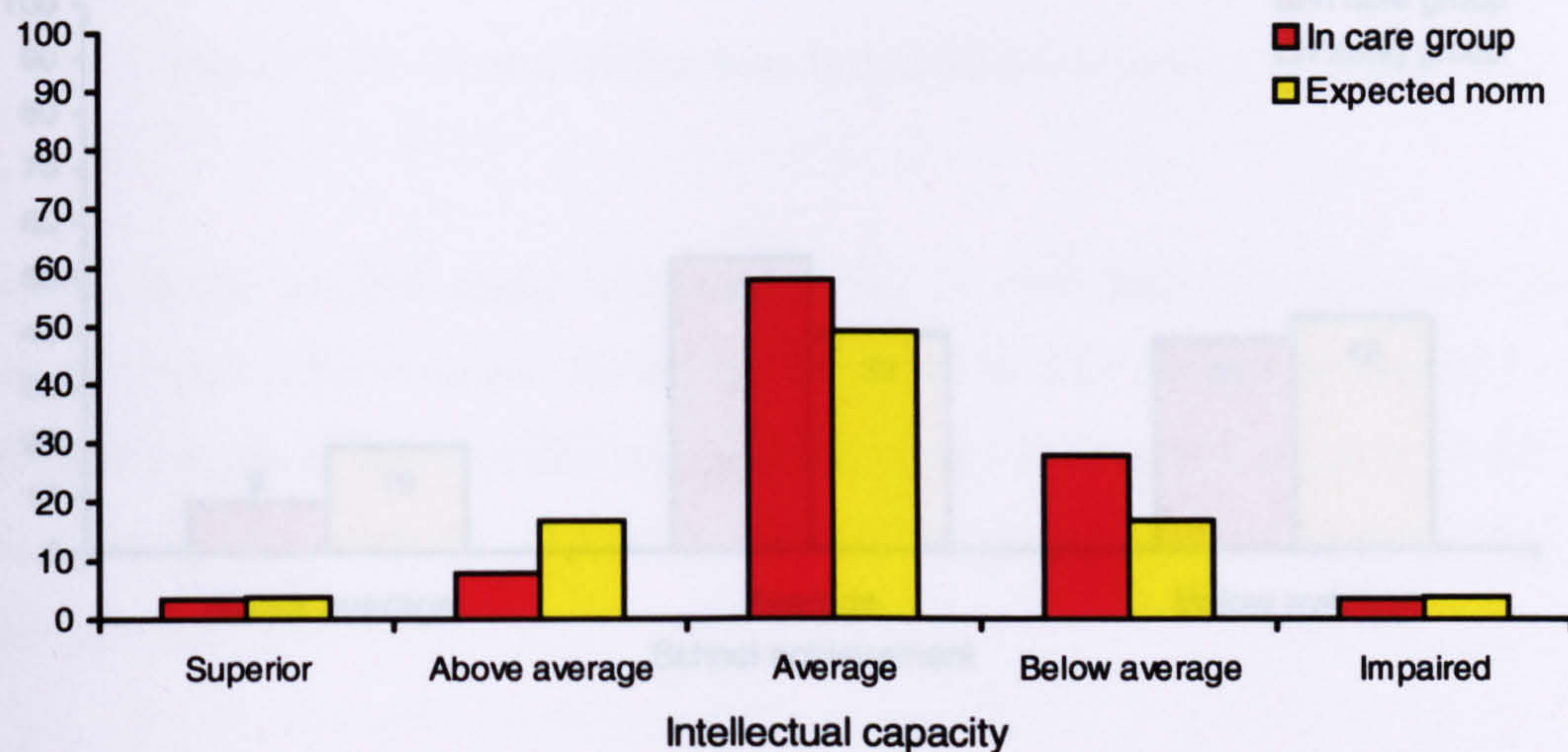


Figure 7.12 School achievement by group

Figure 7.11 Intellectual development of teenagers living in care

### Group differences in school performance

The difference between groups in terms of school achievements (assessed from school records for the previous school year) was investigated, and the results are summarised in Figure 7.12. Overall, teenagers living in care achieved significantly fewer above-average marks and more average marks, but not more below-average marks, than teenagers living with their families [ $\chi^2(2)=5.902$ ,  $p=.052$ ]. However, almost a third (32%) of teenagers living in care had had school difficulties in the past, such as failed grades and second examinations, as against only 10 per cent of teenagers living with their families. Moreover, almost a fifth (18%) of teenagers living in care exhibited school behaviour problems (as represented by lower marks in school behaviour), as against only 5 per cent of teenagers living with their families. Poor school



achievement is closely associated with school difficulties and bad school behaviour, such as absenteeism and truancy, and therefore the higher incidence of school difficulties might have contributed to the poorer school achievements of teenagers living in care.

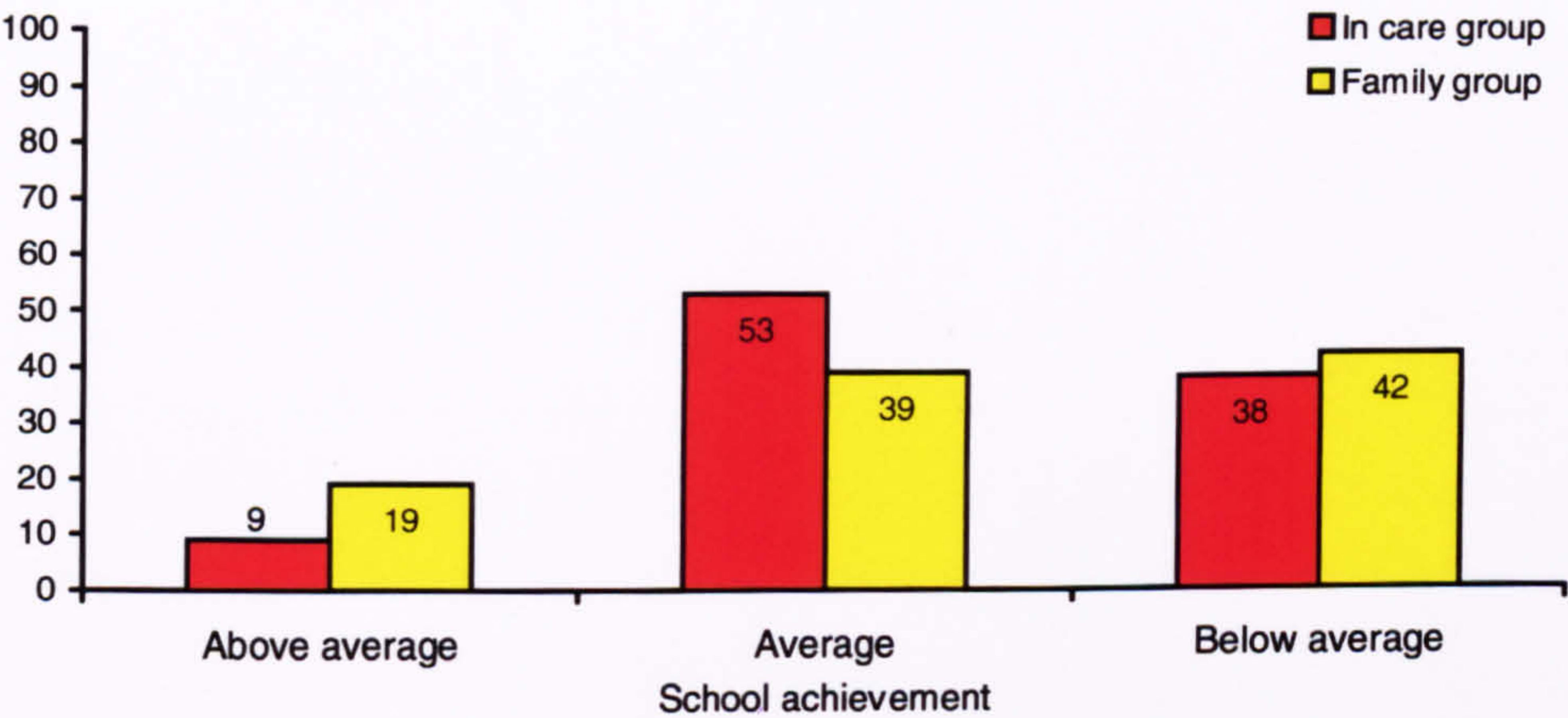


Figure 7.12 School achievement by group

Figure 7.13 summarises the analysis of school performance by gender within and across groups. Overall, boys in care showed poorer school achievements [ $\chi^2(2)=9.514$ ,  $p=.009$ ], more school difficulties (27/5) and more bad school behaviour (16/2) than girls in care. Within the family group, boys also tend to show lower school marks, more school difficulties (3/0) and more bad behaviour (1/0) than girls, but the gender difference in school performance indicators was not significant [ $\chi^2(2)=4.111$ ,  $p=.128$ ]. When comparisons were made across groups, boys living in care did not differ significantly from boys living with their families in school marks [ $\chi^2(2)=0.949$ ,  $p=.622$ ], but girls living in care had fewer above-average marks and more average marks than girls living with their families [ $\chi^2(2)=5.961$ ,  $p=.051$ ].



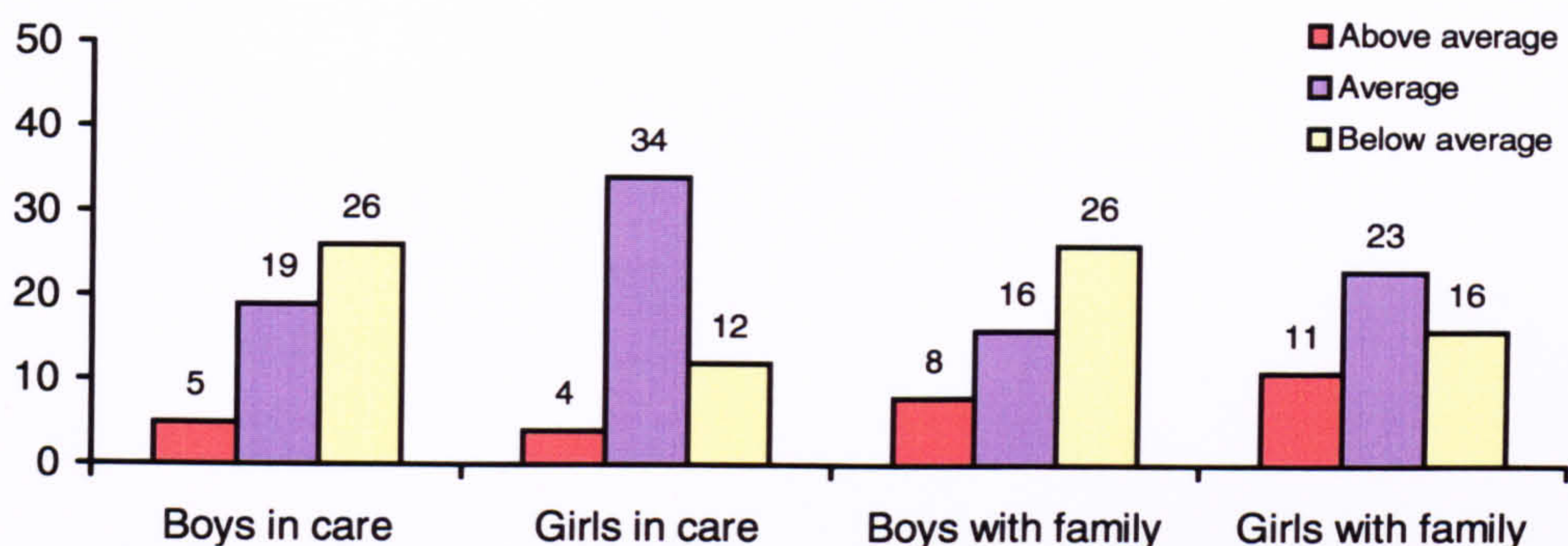


Figure 7.13 Gender differences in school achievement by group

Overall, in the present study teenagers living in care had average-level IQs and average school achievements. However, teenagers in care had more reported school difficulties (such as failed grades and resit examinations), as well as more problematic school behaviour (such as absenteeism and indiscipline), than teenagers living with their families.

### *Intellectual development, school performance and behavioural and emotional problems*

Because previous studies showed associations between IQ and conduct disturbances and, especially, hyperactivity (Kreppner *et al.*, 2001; Roy *et al.*, 2000), it was necessary to establish whether, in the present sample of institutionally reared adolescents, level of cognitive development was associated with reported emotional and behavioural difficulties. IQ correlated strongly and negatively with informant-reported hyperactivity scores ( $r=-.286$ ,  $p=.007$ ) and moderately with peer problems scores ( $r=-.253$ ,  $p=.017$ ) and total difficulties scores ( $r=-.249$ ,  $p=.019$ ); but it did not show any significant association with reported conduct problems ( $r=-.116$ ,  $p=.276$ ) or emotional symptoms ( $r=-.067$ ,  $p=.533$ ).

### **Summary: developmental adjustment in adolescents growing up in childcare institutions**

This comparative study of the developmental adjustment of 100 adolescents living in childcare institution in Romania supports three significant conclusions:



1. The attachment feature predominantly associated with institutional rearing is that of emotional detachment towards both adults and peers. Teenagers living in care reported more emotional detachment from their attachment figures and peers than teenagers living with their families; their stronger feelings of alienation rendered their relationships with adults and peers less satisfactory.
2. The behaviour patterns that emerged from the present data as being strongly associated with institutional rearing (by their prevalence in the borderline/clinical range) are: higher levels of conduct problems and less pro-social behaviour, as well as more self-reported peer problems. These patterns are different from those suggested by recent research on Romanian children adopted abroad.
3. Teenagers living in care had average levels of intellectual development and average school performances, but they exhibited more school difficulties and problematic school behaviour.

Another significant finding that emerges from this comparative study of teenagers living in care and in two-parent families is that there were no appreciable gender effects on the measured outcomes for teenagers living in care. This suggests that neither boys nor girls are more vulnerable to the effects of institutional rearing. An alternative implication of this finding is that gender effects that were found in the family group (and which are ordinarily found in normative samples) are significantly reduced in a sample of teenagers exposed to long-term institutional upbringing. In other words, variables that account for variation in outcomes in 'normal' samples do not account for variation in the institutional sample. This also raises a question about the appropriateness of using normative samples as comparators for atypical samples, such as groups of children/teenagers growing up in institutions.



## **Chapter 8**

### **Mediating Factors of Institutional Rearing Effects on Teenagers' Development**

The key question addressed in this part of the study is whether the developmental outcomes associated with institutional rearing are a function of teenagers' backgrounds or experiences before admission into care, or, rather, a result of rearing patterns and experiences while in care. In this chapter, variations in teenagers' attachments, behaviour, cognitive development and school performance within the institutional care group are considered in relation to a series of variables that reflect different types of possible mediating, risk and protective factors. These variables are related to experiences before and after admission into residential care which, in previous studies, have been proven to mediate the institutional rearing effect on development.

Discussion of the findings is presented in two main parts. In the first section, the possible mediating factors and their incidence within the care group are considered. In the second part, the results of statistical analyses grouped by predictive measures are discussed. The statistical approach employed involved three main steps. First, the effects of predictive measures on continuous outcomes are assessed through univariate analyses of variance within the care group. Before ANOVAs were carried out, the mean differences in outcomes between the subgroups created by categories of predictive factors were tested using non-parametric tests (Mann-Whitney U and Kruskal-Wallis H), because not all the outcome distributions were approximating normality. The results yielded by non-parametric tests were identical to those from ANOVAs. Consequently, ANOVA results are reported because these have the advantage of computing pairwise comparisons which, unlike independent pairwise comparisons, control for the 'type I error rate' or the 'familywise error rate' (Field, 2000). In order to reveal similarities or contrasts between subgroups, and in accordance with the exploratory nature of the present study, post-hoc comparisons were carried out using the Games-Howell procedure, which has been proven to be powerful in unbalanced designs (when group sizes are different), when population variances are different and when data are not normally distributed (Field, 2000). Where relevant, comparisons with the outcomes of the family group were undertaken



(using post-hoc procedures). For categorical outcome measures, Chi-square tests were conducted. Finally, stepwise regression analyses were carried out in respect of factors associated with a particular outcome variable in order to dissociate their particular contribution<sup>1</sup>. The present findings are discussed in the light of previous studies.

## Potential Mediating Factors

There has been considerable consistency in previous studies showing that children reared in institutional settings display a higher rate of difficulties than children reared in families. Previous research, however, has found great heterogeneity in the behaviour of institutionalised children: some children are functioning well within the normal range, whereas others reveal substantial malfunctioning. In the present study, the results of a comparison between Romanian teenagers living in childcare institutions and in two-parent families supported these findings. What has remained controversial since the early studies on institutionally reared infants (Bowlby, 1951; Tizard, 1977) are the reasons for this increased rate of psychological disturbance. Several factors need to be considered when attempting to account for the individual differences in the adjustment of children reared in institutions.

First, it is recognised that these difficulties may be rooted in factors experienced prior to a child's admission into residential care. Children admitted into institutions come from very troubled families confronted with multiple psychosocial difficulties, which have led to the child's confinement in institutional care. The high incidence of problems displayed by children in care may be a direct or indirect consequence of genetic and/or environmental risk factors prior to institutional experience. The direct genetic influence on child psychopathology has been extensively documented (Rutter, 2000a, b, c; Rutter *et al.*, 1999a). The indirect influence of genetic risk is particularly likely when subsequent experiences are not optimal, such as in the case of institutional rearing. Recent studies on children raised in institutions and adopted abroad suggest that early adversities may be overcome provided that they are followed by positive experiences (such as stimulative adoptive family environments),

---

<sup>1</sup> Statistical tests and p values are as reported on SPSS (3 decimals are reported). All the reported significance tests (p) are two-tailed, in accordance with the exploratory nature of the study. If  $p=.000$  is reported, the indication is that of a probability of  $<.001$ , i.e. extremely small. For ease of reading the tables, p values are flagged, where relevant, using the following convention: \*  $p<.05$ ; \*\*  $p<.01$ ; ns = not significant.



but recovery is not complete in all cases (O'Connor *et al.*, 2000a, b; Rutter *et al.*, 1998).

Secondly, the developmental risks could derive from a child being reared in atypical circumstances (such as institutional rearing with a high turnover of caregivers). Therefore, the developmental context in which the experience of institutional care occurs may be relevant. In accordance with attachment theory, it has been suggested that changes in rearing circumstances during the first years of life have a strongly negative impact on a child's social development. Recent studies on Romanian orphans adopted abroad suggest an even earlier age threshold (of 6 and 8 months respectively) after which institutional rearing has marked effects on child development. However, little is known about the impact of institutional rearing which occurs at later ages, during middle childhood, for example. From studies of children adopted from institutions, the duration of exposure to institutional experience also emerged as important.

Thirdly, the experience of institutional upbringing *per se* could be quite different for each child. Apart from variations in the level of care quality provided by different institutions, which is already known to have a profound effect on the child's development (King *et al.*, 1971), the continuing contact children have with their biological families (parents and siblings) during their institutional stay might conceivably play a role. It has been argued that it is valuable for children in care to maintain contact with their families (Millham *et al.*, 1986) and that this might play a protective role in the child's development and overall adjustment.

According to Rutter (2000a), there are five broad kinds of possible risk and protective factors which need to be considered when attempting to explain the developmental outcomes of children who have experienced 'substitute care':

1. Genetically-influenced variations in vulnerability, which suggests an interplay between genetic and environmental risks which could play an important role in the raised rate of psychological disturbance found in children experiencing substitute care.
2. Physical traumata, which could involve pre-natal factors (such as those involved in the foetal alcohol syndrome of maternal substance abuse during pregnancy) and



perinatal complications as well as post-natal factors, such as those deriving from physical neglect or abuse.

3. Pre-admission psychosocial influences, referring to family disruption and conflict, neglect and abuse which are likely to have effects on the children's outcomes.
4. Experiences whilst in care, concerning mostly the quality of care during substitute care placement(s), such as the high turnover of caregivers in residential care facilities, and even abuse by caregivers.
5. Experiences after leaving care, which were shown in follow-up studies to be extremely difficult, for example when children are return to the same risky family environments or leave care during late adolescence or early adulthood and are left to cope in the community with inadequate support and little experience.

In the present study, it was not possible to consider the potential impact of genetic influences and of pre- and perinatal factors on the developmental outcomes of Romanian teenagers living in care, since this information was not available. However, it was possible to consider three broad potential mediating factors, in an attempt to explain the developmental outcomes of teenagers growing up in childcare institutions.

These are:

1. The teenagers' individual experiences of institutional care, such as age at first institutional admission and the duration of institutional care at the time of the study.
2. The teenagers' experiences before admission into an institution, such as the quality of family life and the presence of parental malfunctioning behaviour, including mental illness or criminality.
3. The teenagers' experiences during institutional care, such as the amount of contact with parents/family and the presence of siblings within the same residential unit.

### **The experience of institutional care**

The literature supports the view that the length of time a child spends in institutional care and the child's age at admission are important factors in subsequent psychological development. One of the strongest predictors of developmental outcomes in children who experienced institutional rearing and consequently were



adopted was found to be the length of time spent in institutional care before adoption (O'Connor *et al.*, 2000a, b; Rutter *et al.*, 1998, 2000). Therefore, the duration of institutional care, and age at which the change in rearing pattern (from family to institutional rearing) occurs, may conceivably play a role in the adjustment of teenagers who continue to live in institutions.

In the present study, age at the time of admission to institutional care was defined in terms of teenagers' age at the time of first admission to an institution, which was not necessarily the institution in which they were living at the time of the study. This ranged from 0 to 14 years, the average being 6.3 years. The length of time in care was defined in terms of the total period of time spent in institutional care, which included, but was not confined to, time spent in the institution during the period of the study. The teenagers in the care group had spent between 2 and 16 years in institutional care, on average 7.55 years.

In the preliminary analyses, the potential association between age at first admission to institutional care and length of time spent in care and outcome measures was explored. As expected, length of time spent in care and age at first admission were strongly and negatively associated ( $\tau=-.800$ ,  $p<.001$ ) as teenagers who entered care at an early age had spent a longer time in care than those who entered care later. This suggests that it is practically impossible to dissociate the effect of admission into care at an early age as opposed to at a later age, because this will be confounded with the length of time spent in care. However, the association between age at first admission into care and outcomes, as well as between length of time spent in care and outcomes, emerged as very weak (Table 8.1). Most correlation coefficients had values under 0.2 and very few reached statistical significance: age at first admission correlates with the peer communication score and self-reported emotional symptoms at  $p<.05$ . An association which was almost significant ( $p=.054$ ) was found between time in care and self-reported total difficulties scores. The lack of significant correlation between age at first admission and time spent in care as continuous measures suggests that a combined measure of both age at first admission and length of time spent in care might capture better the potential impact of teenagers' institutional rearing experience on their developmental outcomes.



Table 8.1 Correlation between length of time in care, age at first admission into care and outcome measures

	Length of time in care		Age at first admission into care	
	Kendall's $\tau$	p	Kendall's $\tau$	p
<i>Attachment to adults</i>				
Trust	.084	.248	.115	.114
Communication	.010	.888	.030	.687
Alienation	.130	.072	.109	.131
Quality	.102	.153	.115	.107
<i>Peer attachment</i>				
Trust	.009	.902	.062	.385
Communication	.106	.143	.168	.020*
Alienation	.005	.943	.036	.622
Quality	.048	.500	.107	.130
<i>SDQ Self-report</i>				
Conduct problems	.080	.286	.029	.700
Hyperactivity	.133	.077	.101	.179
Emotional symptoms	.199	.109	.146	.048*
Peer problems	.100	.188	.115	.128
Total difficulties	.139	.054	.130	.073
Pro-social behaviour	.112	.134	.005	.944
<i>SDQ Informant report</i>				
Conduct problems	.129	.083	.124	.096
Hyperactivity	.113	.128	.130	.082
Emotional symptoms	.079	.292	.075	.317
Peer problems	.005	.943	.004	.961
Total difficulties	.052	.472	.067	.354
Pro-social behaviour	.091	.216	.114	.121
<i>IQ</i>	.039	.712	.008	.943

Such a variable was defined by reconstructing the 'chain' of institutions one teenager attended. Within the period of time spent in institutions, the children had different experiences: some of them were placed in care at an early age (52%) and were moved between institutions when they reached a certain age stage, whereas others (47%) entered institutional care later in middle childhood, after they had spent a considerable amount of time with their families. It was necessary, therefore, to include these



variations within the time frame of years spent in institutional care. The chain of childcare institutions attended was assessed from the teenagers' institutional records, and it provides a combined measure of age at first admission, length of time spent in institutions, and number of moves between institutions (indicating the degree of stability in the institutional care received).

For the purpose of the present study, this variable was named 'proportion of life spent in institution'/'duration of institutionalisation', with its three categories indicating a relatively short period, a medium period and an entire life spent in care. Twenty per cent of teenagers in the present study had spent a relatively long time in care, almost their entire life, having been admitted into a childcare institution before the age of 3 (around the age of 1) and having spent, on average, 13 years in state care institutions. They had spent a very short period of time with their families and had lived in three institutions: first in 'Cradles', then in 'Pre-school-age Placement Centres,' and then in the present 'School-age Placement Centre'. About a third (33%) of the teenagers had spent a medium length of time in institutions, having been placed in care in pre-school-age institutions by their families at around the age of 5, and then transferred to the present institution. They had spent, on average, eight years in institutional care, and had attended on average two institutions. Just under half of the teenagers (47%) entered state care at school age (around the age of 9) via the present institution, where they had spent a relatively short length of time, on average five years. They had been in only one residential unit.

### **Background experiences prior to admission into Institutional care**

It is now recognised that the apparent malfunctioning of children reared in institutions may stem from factors which were present prior to their admission to residential care. Previous studies (Quinton and Rutter, 1984a, b; Roy *et al.*, 2000) have shown that the parents of these children had an increased rate of mental disorder and criminality, and that serious family adversities and parenting problems had frequently led to institutional admission. These background variables may reflect a genetic risk of a child's malfunctioning (as in the case of parental mental disorder), or risks associated with the adverse nature of the family environment (e.g. family conflict/disruption or lack of any family experience). Early risk factors have been proven to have limited long-term sequelae on child development, providing that consequent experiences are



positive (Clarke and Clarke, 2000), but long-term negative effects may be more likely when subsequent experiences are not optimal, as in the case of institutional rearing. In the present study it was necessary to examine the potential impact of pre-admission factors, namely quality of family experience and the presence/absence of parental malfunctioning behaviour, on teenagers' developmental outcomes.

### **Quality of family experience prior to admission**

Relatively little is known about the importance of pre-admission experiences in relation to variation in children's responses to institutional care. However, a recent study of children in Greek institutions (Vorria *et al.*, 1998a, b) suggested their likely importance. In this study the presence of family cohesion and stability before the child's admission to residential care was the single most powerful predictor of child functioning, with the implication that the outcomes were better for children who had experienced stable harmonious family relationships in their early years.

In the present study, the quality of family experience prior to admission was assessed from institutional records, taking into account what was considered to be the predominant reason for admitting the child into state care. In order to differentiate family environment and adversities prior to admission, families were divided according to whether or not there had been family cohesion and stability before the crisis that had led to the child's admission to an institution.

In 41 of the 100 families, the parents had been married and living at home before the child's admission to institutional care. Admission to care was precipitated in 28 of these families by the death of one parent. In the remainder of the families the child was put into care because of financial difficulties in families where the parents were unemployed, had a large number of children, or were living in isolated villages, making it difficult to provide for the child's needs. However, these children had experienced a relatively stable family life before admission to care.

A second category of families were those which had put the child into state care because of parental divorce or separation, or as a result of one of the parents abandoning the family. In 43 of the families, such disruption was evident. Even though the case records varied in respect of the extent of the children's experiences of



parental divorce, it is reasonable to assume that family conflict was present in most of these families.

In the remaining 16 families, the children were born into single-parent households, usually as illegitimate children, with the unmarried mother unable to provide parental care as a result of lack of family support. Most of those children were put into state care soon after their birth, and so their experience of family life was very limited.

### **Parental malfunctioning behaviour**

Studies have shown that the parents of children in care have an increased rate of mental disorder, criminality and serious parenting problems (Roy *et al.*, 2000; Wolkind and Rutter, 1973). Parental malfunctioning behaviour, assessed from children's institutional records as compiled at the time of admission to an institution, was defined as being present if either parent was mentioned as having a diagnosis of mental disorder or a criminal record, or as being in prison. A similar categorisation has been used previously to define 'parental malfunctioning behaviour' in studies of children in substitute care (Roy *et al.*, 2000; Vorria *et al.*, 1998b). Thirty-five teenagers in the care group had parents with a history of psychiatric illness or criminality, and in nine of these cases both parents had such a history. Nine mothers and six fathers had been diagnosed as mentally ill, and a further six mothers and 14 fathers had criminal convictions (most of them being in prison at the time of the child's admission into care). The quality of the records did not allow a finer breakdown. Because of the low numbers, parental social malfunctioning was treated as a dichotomy in terms of presence or absence of parental mental disorder/criminality: in respect of the 100 teenagers in the care group, this factor was present in 27 cases.

### **Experiences during institutional care**

As was shown in Chapter 6, living conditions in the two institutions where the study took place were very similar, as was the quality of care provided (with relatively high stability of care staff), but the teenagers had varied experiences in terms of their contact with their families. Since the literature supports the view that maintenance of parent-child relationships is important in childhood, it might be expected that the



children's continuing contacts with their biological families (parents and siblings) during their institutional stay would influence their developmental adjustment.

### **Contacts with parents during institutional care**

Several studies over the last decades have supported the conclusion that children who have frequent contact with parents after admission into residential care are the most likely to have favourable outcomes. For example, an early study conducted in the USA (Fanshel and Shinn, 1978 cited in Chakrabarti and Hill, 2000) concluded that children who had lost contact with their families had the poorest results in terms of academic achievement, self-esteem and emotional disturbance. Similarly, a British study (Millham *et al.*, 1986) showed that children in residential placements with little contact had more emotional problems and were less likely to return home than those who had more contact. Such findings were justifiably used by practitioners and policymakers to encourage the maintenance of close links between children in care and their families. Besides the correlation between contact and outcome measures, qualitative studies, such as these carried out by the Dartington research unit in the UK (Millham *et al.*, 1986), indicate the value of maintaining close links but underline that quality as much as frequency of contact is important. While the general presumption is that most looked-after children benefit from family contacts, for some young people continuing contact with their families is not beneficial, particularly when the influence of the family is mostly negative (such as in the case of young people from abusive families who may be better if kept apart).

In the present study, the teenagers' contact with parents/family during institutional care was assessed from 'visitors' books', institutional files and information provided by caregivers. Three categories were used in assessing this variable:

1. Frequent contact – defined as parents visiting the child in the institution at least once per month and taking the child home at least one holiday per year.
2. Sporadic contact – defined as parents visiting the child in the institution approximately once per year but not taking the child home for visits.
3. No contact – defined as the absence of contact with parents that had led to the legal abandonment of the child.



Forty-three per cent of the teenagers were maintaining frequent contact with their parents, spending school holidays at home at least once a year. These children are somewhat comparable to those who are sent to boarding schools. It may be that their continuing contact with their families is a protective factor against 'institutional rearing' effects, and that their developmental outcomes may therefore be better. An almost equal proportion of teenagers (44%) had no contact at all with their parents for at least two years, and usually since soon after they were placed in care. Most of these children had been legally abandoned, as a result. A small proportion of teenagers (13%) had sporadic contact with their families, with parents visiting them occasionally in the institution, but not taking them home in the holidays.

### **Contact with siblings: presence of siblings in the same residential care unit**

Children in residential placements are likely to be separated from their siblings when entering or leaving care, and when siblings are separated when entering care plans are rarely made to reunite them. Much research interest has focused on placing siblings together, with the conclusion that the continuity of sibling relationships is of considerable benefit to children's well-being and adjustment and that children themselves value being placed with their sisters and brothers (Kosonen, 1994, 1996a, b, 2000; Rushton *et al.*, 2001; Smith, 1998). Moreover, it has been argued that contact with siblings seems to compensate for lack of contact with parents through the maintenance of a sense of family identity (Stocker, 1994).

In the present study group, 43 teenagers had at least one sibling placed in the same residential unit. A further 25 had one or two siblings placed across the two institutions in which the study took place. Because the institutions were in different localities and the chances of siblings getting together were very small it was not possible to consider this as a distinct category in the present study. Contact with siblings was assessed instead from a combination of case records and interviews with teenagers and caregivers. It was treated as threefold, a distinction being made between (1) teenagers who were lone children (13%), (2) those who had at least one sibling living in the same residential unit (36%) and (3) those who had sibling(s) living in other childcare institutions or with the birth family (51%). Those who had a sibling living in the same unit might or might not share the same bedroom, since in the study institutions no priority was given to siblings regarding bedroom allocation.



## Possible mediating factors of institutional rearing effect on teenagers' development

Table 8.2 portrays some of the key ways in which the institutional care group of teenagers differ in their experiences both before admission to the institution and during the period of residential care. This considerable heterogeneity in teenagers' experiences both before and after their admission to residential care provided the opportunity to determine which factors were associated with 'within'-group variations in attachment, behaviour, intellectual development and school achievement.

Table 8.2 Potential mediating factors

Factor	Categories	%
1. Proportion of life spent in institutional care / duration of institutionalisation	<i>Small:</i> Admitted into care at the average age of 9 and spent on average 5 years in the current childcare institution	47
	<i>Medium:</i> Admitted into care at the average age of 5 and spent, on average, 8 years in two childcare institutions	33
	<i>Entire life:</i> Admitted into care at the average age of 1 and spent on average 13 years in three childcare institutions	20
2. Quality of family experience before admission	Stable	41
	Disrupted	43
	Lack of family	16
3. Parental malfunctioning behaviour	Present	27
	Absent	73
4. Contact with parents during institutional care	Frequent	43
	Sporadic	13
	No contact	44
5. Presence of sibling(s) in the same residential unit	Single child	13
	Sibling present	36
	Sibling absent	51

### Association between predictive factors

In order to determine whether the potential influence of teenagers' institutional history might be an artefact of association with experiences both prior to and during



institutional placement, the association between the predictive factors were examined. No statistically significant associations were found between the proportion of life spent in an institution and the presence or absence of parental malfunctioning behaviour [ $\chi^2(2)=1.029$ ,  $p=.598$ ] or the presence or absence of a sibling within the same residential unit [ $\chi^2(4)=6.523$ ,  $p=.163$ ]. However, there was a significant association between the teenagers' institutional history and the quality of their family experience prior to admission into care [ $\chi^2(4)=18.741$ ,  $p=.001$ ], in the sense that teenagers who had spent less time in institutional care tended to come from stable or disrupted families, whereas more than half the teenagers who had spent most of their lives in institutional care lacked a family, this being the reason why they had been admitted to care during infancy (Figure 8.1).

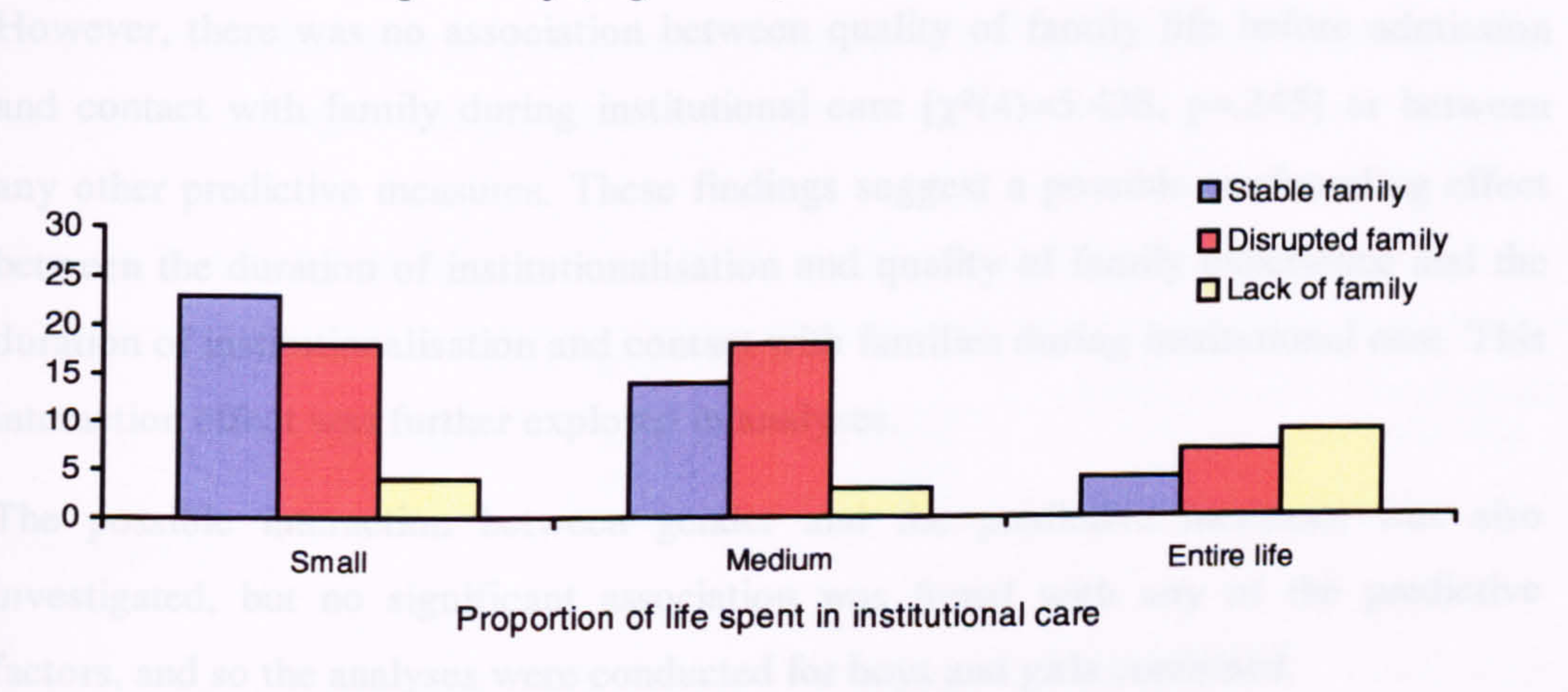


Figure 8.1 Quality of family experience by proportion of life spent in care

There was a significant association also between the proportion of life spent in institutional care and the amount of contact with family during institutional placement [ $\chi^2(4)=21.970$ ,  $p<.001$ ; Figure 8.2], in the sense that teenagers who had spent less time in care tended to have more frequent contact with their families.



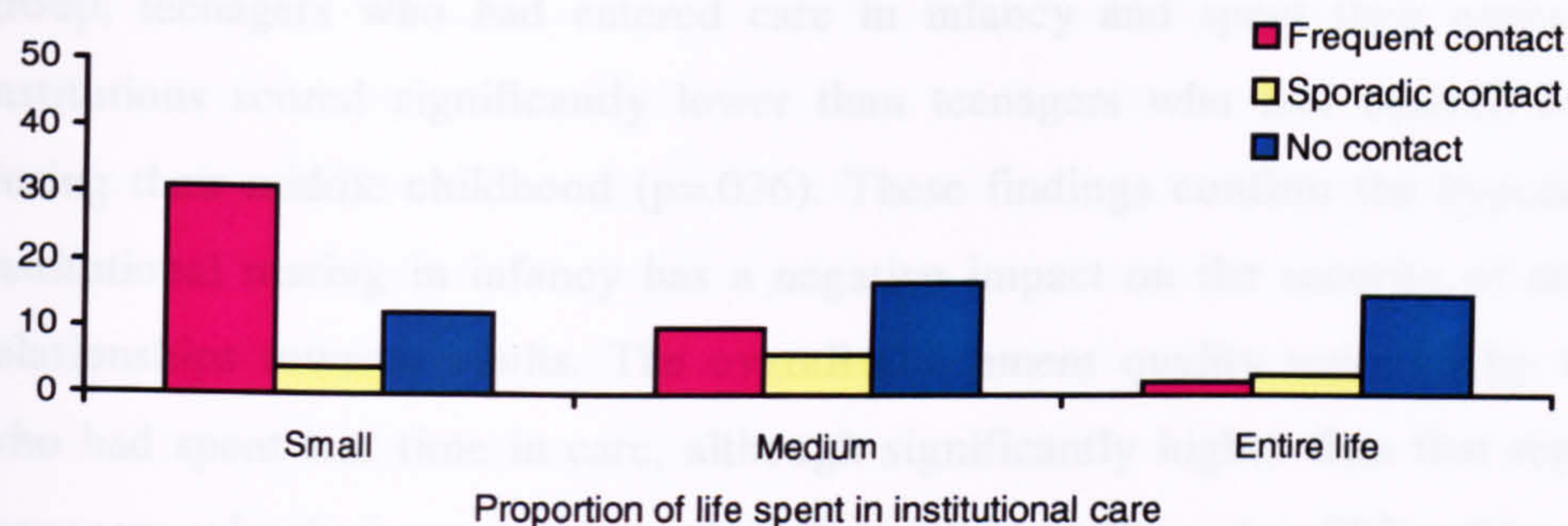


Figure 8.2 Contact with family by proportion of life spent in care

However, there was no association between quality of family life before admission and contact with family during institutional care [ $\chi^2(4)=5.438$ ,  $p=.245$ ] or between any other predictive measures. These findings suggest a possible confounding effect between the duration of institutionalisation and quality of family experience and the duration of institutionalisation and contact with families during institutional care. This interaction effect was further explored in analyses.

The possible interaction between gender and the predictive measures was also investigated, but no significant association was found with any of the predictive factors, and so the analyses were conducted for boys and girls combined.

## The Effect of Mediating Factors on Developmental Outcomes

### Developmental outcomes by teenagers' institutional history

Attachment theory postulates that if institutional rearing occurs in the early years of life, this prevents the development of secure attachments. In the present study, the effect of duration of institutionalisation on teenagers' attachments to adults and peers was investigated. As Table 8.3 shows, duration of institutionalisation is significantly associated with three of the composite measures of attachment to attachment figures, but not with peer attachment. Teenagers who had spent almost their entire lives in institutions reported significantly less trust and less attachment quality, and more alienation, than those who spent a short time in institutions. In respect of trust scores, although the care group as a whole did not score significantly lower than the family



group, teenagers who had entered care in infancy and spent their entire lives in institutions scored significantly lower than teenagers who had entered care later, during their middle childhood ( $p=.036$ ). These findings confirm the hypothesis that institutional rearing in infancy has a negative impact on the security of attachment relationships towards adults. The overall attachment quality reported by teenagers who had spent less time in care, although significantly higher than that reported by teenagers who had spent their entire lives in institutions ( $p=.033$ ), did not differ significantly from the attachment quality reported by the family group ( $p=.5$ ). This suggests that the effect of institutional rearing on reported quality of attachment to adults is protected, at least in part, by a later age at admission to care or less time spent in care overall. In this respect, teenagers admitted to care at a later age and who thus had spent less time in care seemed to function, in respect of attachment to adults, similarly to teenagers living with their families.

Table 8.3 Attachment by proportion of life spent in institutional care

	In-care group (N=100)			F-ratios, significance and Post-hoc comparisons	Family group (N=100)
	Entire life (n=20)	Medium (n=33)	Small (n=47)		
<i>Attachment to adults</i>					
Trust	37.75 (4.02)	38.48 (4.89)	40.68 (3.40)	F=4.798 p=.01** Small>Entire	39.95 (4.36)
Communication	33.55 (3.61)	32.30 (5.04)	33.40 (4.73)	F=0.678 p=.51	33.96 (5.06)
Alienation	25.20 (5.57)	23.93 (4.55)	22.02 (5.24)	F=3.126 p=.048* Small<Entire	19.27 (5.63)
Quality	46.10 (7.10)	46.84 (10.79)	52.06 (9.45)	F=4.191 p=.018* Small>Entire	54.70 (12.76)
<i>Peer attachment</i>					
Trust	40.10 (7.67)	40.42 (8.00)	40.38 (7.36)	F=0.013 p=.987	43.53 (5.71)
Communication	32.80 (5.67)	32.51 (7.02)	30.14 (6.19)	F=1.880 p=.158	30.54 (5.53)
Alienation	20.95 (5.20)	21.09 (5.08)	20.44 (4.31)	F=0.197 p=.821	18.86 (4.01)
Quality	51.95 (14.21)	51.84 (13.69)	50.08 (13.04)	F=0.222 p=.801	55.21 (12.06)

Note: Means and standard deviations are provided (the latter within brackets) to indicate the pattern of differences. Post-hoc comparisons were computed using the Games-Howell procedure and only contrasts significant at  $p<.05$  are noted. Other tables follow the same conventions.



Duration of institutionalisation does not, however, seem to impact on quality of peer relationships. Teenagers who had spent long, medium or short periods of time in care reported very similar scores on all the composite measures of peer attachment. Chi-square analysis failed to detect any significant association between the proportion of life spent in institutions and attachment security levels regarding adult figures [ $\chi^2(2)=2.068$ ,  $p=.356$ ] or peers [ $\chi^2(2)=2.768$ ,  $p=.251$ ].

Behavioural and emotional difficulties have been shown to be associated with institutional rearing, and therefore it was reasonable to hypothesise that age at the time of and duration of institutional care would impact on teenagers' self- and informant-reported behavioural and emotional difficulties (Table 8.4).

Table 8.4 Behaviour by proportion of life spent in institutional care

	In-care group (N=100)			F-ratios, significance and Post-hoc comparisons	Family group (N=100)
	Entire life (n=20)	Medium (n=33)	Small (n=47)		
<i>Conduct problems</i>					
Informant report	3.65 (2.68)	3.57 (2.23)	2.59 (2.28)	F=2.297 p=.106	1.47 (1.96)
Self-report	3.6 (1.72)	3.63 (1.79)	3.85 (1.91)	F=0.194 p=.824	2.68 (1.68)
<i>Hyperactivity</i>					
Informant report	4.55 (2.83)	4.45 (2.47)	3.52 (2.13)	F=2.010 p=.140	3.29 (2.34)
Self-report	3.7 (1.83)	3.87 (1.59)	4.34 (2.09)	F=1.027 p=.362	3.67 (1.92)
<i>Emotional symptoms</i>					
Informant report	3.30 (2.27)	3.18 (2.11)	3.27 (2.17)	F=0.025 p=.975	2.72 (2.17)
Self-report	4 (2.69)	4.27 (2.54)	4.7 (2.11)	F=0.704 p=.497	3.74 (2.17)
<i>Peer problems</i>					
Informant report	3.80 (2.04)	3.21 (1.60)	2.97 (2.01)	F=1.314 p=.273	2.32 (1.95)
Self-report	4.2 (1.7)	4.27 (1.42)	4.36 (1.78)	F=0.073 p=.929	2.94 (1.58)
<i>Total difficulties</i>					
Informant report	15.30 (7.38)	14.03 (5.52)	12.30 (6.44)	F=1.720 p=.185	9.80 (5.49)
Self-report	15.5 (5.94)	16.06 (4.72)	17.25 (5.28)	F=0.965 p=.385	13.03 (4.89)
<i>Pro-social behaviour</i>					
Informant report	4.95 (2.74)	5.45 (2.34)	6.59 (2.65)	F=3.563 p=.032* Small>Entire	7.52 (2.33)
Self-report	7.55 (2.39)	7.69 (4.21)	6.51 (2.56)	F=1.590 p=.209	7.69 (1.77)



As Table 8.4 shows, although some effects of the duration of institutional rearing were detected on informant-reported conduct and peer problems as well as on the total difficulties score, the only significant effect was on informant-reported pro-social behaviour. According to informant reports of teenagers' pro-social behaviour, teenagers who had spent their entire lives in institutions scored significantly lower than teenagers who had entered care at a later age and who had thus spent less time in care ( $p=.046$ ). In addition, teenagers who had spent a short time in care showed similar pro-social scores to teenagers living with their families ( $p=.182$ ), suggesting that a shorter time spent in care exerts, at least in part, a protective influence on teenagers' pro-social behaviour. Similar protective effects of the shorter time spent in institutional care were detected for the informant-reported peer problems and total difficulties scores. Although there was no significant difference between sub-groups on informant-reported peer problems and overall total difficulties scores, teenagers who had spent a short time in care scored similarly to teenagers living with their families (peer problems:  $p=.251$ ; total difficulties:  $p=.112$ ), whereas teenagers who had spent most of their lives in institutions scored significantly higher than teenagers in the family group on both scores (peer score:  $p=.029$ ; total score:  $p=.021$ ).

In addition, there were no significant associations between proportion of life spent in institutions and the prevalence of behavioural and emotional problems in the borderline/clinical range, except for informant-reported pro-social behaviour [ $\chi^2(4)=10.003$ ,  $p=.040$ ]. As can be observed from Figure 8.3, the incidence of pro-social behaviour within the borderline/clinical range increases with the amount of time a teenager has spent in institutional care.

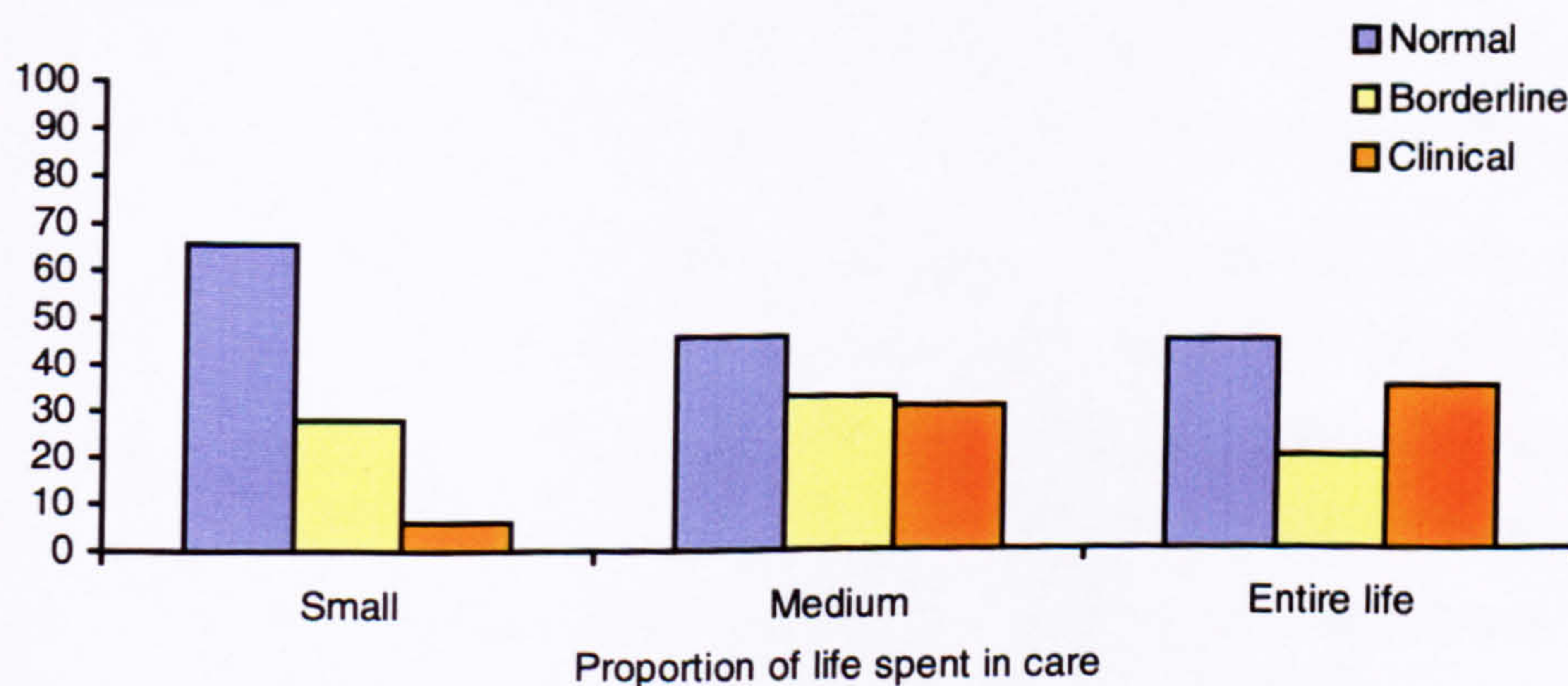


Figure 8.3 Pro-social behaviour by proportion of life spent in institutional care



The effect of duration of institutionalisation on intellectual development and school performance was investigated. The mean differences on IQ scores by duration of institutionalisation were far from reaching statistical significance ( $F=0.001$ ,  $p=.999$ ). Chi-square analyses yielded no association between the proportion of life spent in institutional care and school marks [ $\chi^2(4)=7.445$ ,  $p=.114$ ], school difficulties [ $\chi^2(2)=3.575$ ,  $p=.167$ ] or school misbehaviour [ $\chi^2(2)=0.383$ ,  $p=.826$ ]. Because in the comparative analyses gender differences were found in school performance indicators within the care group, it was necessary to check whether there were any interaction effects of gender and institutional history on school performance. Chi-square analyses revealed no interaction effect of gender and duration of institutional care on any of the school performance indicators.

In conclusion, the present data support the argument that duration of institutionalisation influences teenagers' reported quality of attachment to adults and informant-reported pro-social behaviour, in the sense that teenagers who had spent most of their lives in institutions scored lower than teenagers who had entered care at a later age and had spent less time in care. The findings also suggest that the short duration of institutionalisation plays, at least in part, a protective role in the quality of teenagers' attachments to adults, as well as on their pro-social behaviour.

## **Developmental outcomes by teenagers' backgrounds and experiences prior to admission in institution**

### **Outcome measures by quality of family experience prior to admission**

In the light of previous findings (Vorria *et al.*, 1998b), it might be expected that a relatively stable family upbringing prior to admission to care would act as a protective factor against the institutional rearing effects on teenagers' developmental outcomes.

As Table 8.5 shows, in the present sample quality of family experience prior to admission to care did not show any significant association with teenagers' attachments to either adults or peers. This lack of association is particularly important in respect of attachment to adults: teenagers displayed similar scores irrespective of the quality of their previous family experience. Moreover, those teenagers who experienced a relatively stable family upbringing before entering care did report higher alienation ( $p<.001$ ) and less attachment quality ( $p=.016$ ) than teenagers living



with their families. Furthermore, Chi-square analyses revealed no significant association between quality of family life prior to admission to care and levels of attachment security regarding both adults [ $\chi^2(2)=0.467$ ,  $p=.792$ ] and peers [ $\chi^2(2)=4.362$ ,  $p=.359$ ]. This result suggests that, contrary to expectations, a relatively stable family upbringing prior to admission to care did not seem to exert a protective role in teenagers' reported quality of attachment to adults.

Table 8.5 Attachment by quality of family experience prior to admission

	In-care group (N=100)			F-ratios and significance	Family group (N=100)
	Lack of family (n=16)	Disrupted family (n=43)	Stable family (n=41)		
<i>Attachment to adults</i>					
Trust	39.81 (4.08)	38.69 (4.67)	39.90 (3.75)	F=0.957 p=.388	39.95 (4.36)
Communication	33.62 (4.87)	32.97 (5.13)	32.95 (4.04)	F=0.135 p=.874	33.96 (5.06)
Alienation	24.12 (5.93)	22.34 (5.08)	23.95 (5.00)	F=1.245 p=.293	19.27 (5.63)
Quality	49.31 (9.47)	49.32 (10.77)	48.90 (9.12)	F=0.022 p=.979	54.70 (12.76)
<i>Peer attachment</i>					
Trust	37.12 (8.70)	41.39 (7.62)	40.48 (6.84)	F=1.906 p=.154	43.53 (5.71)
Communication	29.62 (7.44)	31.90 (6.08)	31.70 (6.43)	F=0.778 p=.778	30.54 (5.53)
Alienation	21.62 (5.00)	19.53 (4.98)	21.70 (4.11)	F=2.621 p=.078	18.86 (4.01)
Quality	45.12 (15.59)	53.76 (13.72)	50.48 (11.50)	F=2.567 p=.082	55.21 (12.06)

In addition, the potential effect of quality of family experience prior to admission to care on teenagers' emotional and behavioural problems was investigated. As Table 8.6 shows, the only significant effect that was found was for informant-reported pro-social behaviour, in the sense that teenagers who came from disrupted families scored significantly lower than teenagers who came from stable families ( $p=.049$ ). Although teenagers who came from disrupted families also scored lower on pro-social behaviour than teenagers who had a very limited experience of family life, the difference was not statistically significant ( $p=.312$ ). This finding suggests that a disturbed and conflicted family experience prior to admission to care has, at least in part, a negative impact on teenagers' pro-social behaviour. Perhaps this is not surprising, as teenagers admitted into care because of family disruption are the most



likely to have experienced prolonged family adversity and conflict, and these experiences may have influenced their potential to display pro-social behaviours.

Table 8.6 Behaviour by quality of family experience prior to admission

	In-care group (N=100)			F-ratios, significance and Post-hoc comparisons	Family group (N=100)
	Lack of family (n=16)	Disrupted family (n=43)	Stable family (n=41)		
<i>Conduct problems</i>					
Informant report	2.93 (2.17)	3.11 (2.38)	3.60 (2.34)	F=2.951 p=.075	1.47 (1.96)
Self-report	4.25 (2.01)	3.53 (1.51)	3.73 (2.03)	F=0.893 p=.413	2.68 (1.68)
<i>Hyperactivity</i>					
Informant report	3.12 (2.30)	4.32 (2.55)	4.10 (2.30)	F=1.459 p=.238	3.29 (2.34)
Self-report	4.31 (1.99)	3.79 (1.79)	4.24 (1.97)	F=0.765 p=.468	3.67 (1.92)
<i>Emotional symptoms</i>					
Informant report	3.18 (2.37)	3.04 (2.26)	3.48 (1.96)	F=0.444 p=.643	2.72 (2.17)
Self-report	4.37 (2.44)	4.13 (2.16)	4.73 (2.56)	F=0.651 p=.524	3.74 (2.17)
<i>Peer problems</i>					
Informant report	4.18 (2.81)	3.04 (1.68)	3.02 (1.59)	F=2.532 p=.085	2.32 (1.95)
Self-report	4.75 (1.48)	3.83 (1.46)	4.6 (1.78)	F=3.171 p=.064	2.94 (1.58)
<i>Total difficulties</i>					
Informant report	12.43 (7.61)	13.53 (6.64)	13.84 (5.73)	F=0.272 p=.762	9.80 (5.49)
Self-report	17.68 (5.36)	15.3 (3.85)	17.31 (6.23)	F=2.071 p=.132	13.03 (4.89)
<i>Pro-social behaviour</i>					
Informant report	6.12 (2.12)	5.16 (2.42)	6.56 (2.89)	F=3.141 p=.048* Disrupted<Stable	7.52 (2.33)
Self-report	7.87 (1.58)	6.83 (2.3)	7.09 (4.29)	F=0.610 p=.545	7.69 (1.77)

Because informant-reported pro-social behaviour also showed a significant association with duration of institutionalisation, it was necessary to explore the possible interaction effect between quality of family life and duration of institutionalisation on pro-social behaviour. A stepwise regression was run with the duration of institutionalisation and the quality of family experience entered as four 'dummy' variables. The regression model was significant ( $F=6.09$ ,  $p=.003$ ) and explained approximately 12 per cent of the variance ( $R^2=.112$ ). Short duration of institutionalisation ( $\beta=.233$ ,  $p=.017$ ), and disrupted family experience prior to



admission ( $\beta=-.219$ ,  $p=.025$ ), were the only predictors which contributed significantly to the model, suggesting that while a shorter time spent in care acts as a protective factor, coming from a disrupted family presents a risk for teenagers' pro-social behaviour. However, further analyses revealed no significant interaction effect between quality of family life prior to admission to care and duration of institutionalisation for any of the other outcome variables.

No significant associations were found between teenagers' quality of family life before admission and IQ ( $F=0.435$ ,  $p=.649$ ), school achievements [ $\chi^2(4)=4.533$ ,  $p=.339$ ], school difficulties [ $\chi^2(2)=3.732$ ,  $p=.155$ ] or school behaviour [ $\chi^2(2)=3.869$ ,  $p=.144$ ].

In conclusion, the only influence quality of family life prior to admission to institutional care seems to exert on teenagers' developmental outcomes relates to the fact that reported pro-social behaviour was higher for teenagers who had been admitted into care at a later age and who thus had spent less time in care, but a disruptive, conflictual family poses a risk to their pro-social behaviour.

### **Outcome measures by parental malfunctioning behaviour**

Because a significant proportion of the parents of teenagers in care showed evidence of mental ill health and/or criminality, and because these may directly or indirectly influence teenagers' outcomes, the potential impact of parental malfunctioning behaviour on developmental outcomes was investigated. As Table 7.8 shows, parental malfunctioning behaviour showed no association with teenagers' attachment to either adults or peers, the reported attachment scores being highly similar irrespective of the presence or absence of parental malfunctioning behaviour.



Table 8.7 Attachment by presence of parental malfunctioning behaviour

	In-care group (N=100)		F-ratios and significance	Family group (N=100)
	Present (n=26)	Absent (n=74)		
<i>Attachment to adults</i>				
Trust	39.07 (4.30)	39.47 (4.22)	F=0.168 p=.683	39.95 (4.36)
Communication	32.34 (4.85)	33.32 (4.55)	F=0.857 p=.357	33.96 (5.06)
Alienation	22.92 (6.31)	23.41 (4.80)	F=0.173 p=.678	19.27 (5.63)
Quality	48.50 (11.04)	49.37 (9.42)	F=0.152 p=.697	54.70 (12.76)
<i>Peer attachment</i>				
Trust	38.84 (8.89)	40.86 (7.03)	F=1.376 p=.244	43.53 (5.71)
Communication	30.19 (7.38)	31.90 (6.07)	F=1.364 p=.246	30.54 (5.53)
Alienation	20.46 (5.22)	20.86 (4.57)	F=0.139 p=.710	18.86 (4.01)
Quality	48.57 (15.02)	51.90 (12.76)	F=1.191 p=.278	55.21 (12.06)

The same lack of association was found in respect of teenagers' behavioural and emotional difficulties, except for the self-reported hyperactivity score, which was significantly higher in teenagers whose parents had one of the malfunctioning factors than in those whose parents did not ( $p=.013$ ). Although the care group did not differ significantly from the family group in self-reported hyperactivity scores ( $p=.09$ ), teenagers in care whose parents had a malfunctioning factor scored higher than teenagers living with their families ( $p=.016$ ), whereas teenagers whose parents did not show malfunctioning behaviour did not ( $p=.918$ ). Moreover, this result was confirmed by a significant association between the presence or absence of parental malfunctioning behaviour and the self-reported hyperactivity in the borderline/clinical range [ $\chi^2(2)=6.171$ ,  $p=.046$ ]. As hyperactivity is usually considered a psychopathological condition mostly influenced by genetic factors, and has in recent studies also been strongly associated with institutional rearing (Kreppner *et al.*, 2001), the present finding suggests that against a background of genetic vulnerability, institutional rearing may predispose to hyperactivity.



**Table 8.8 Behaviour by presence of parental malfunctioning behaviour**

	In-care group (N=100)		F-ratios and significance	Family group (N=100)
	Present (n=26)	Absent (n=74)		
<i>Conduct problems</i>				
Informant report	3.42 (2.46)	3.02 (2.35)	F=0.530 p=.468	1.47 (1.96)
Self-report	3.38 (2.00)	3.85 (1.75)	F=1.262 p=.264	2.68 (1.68)
<i>Hyperactivity</i>				
Informant report	4.08 (2.46)	4.02 (2.43)	F=0.009 p=.925	3.29 (2.34)
Self-report	4.84 (1.82)	3.78 (1.85)	F=6.373 p=.013*	3.67 (1.92)
<i>Emotional symptoms</i>				
Informant report	3.00 (2.13)	3.33 (2.16)	F=0.471 p=.494	2.72 (2.17)
Self-report	4.3 (1.93)	4.45 (2.52)	F=0.078 p=.781	3.74 (2.17)
<i>Peer problems</i>				
Informant report	2.84 (1.61)	3.35 (1.98)	F=1.382 p=.243	2.32 (1.95)
Self-report	4.11 (1.63)	4.36 (1.65)	F=0.442 p=.508	2.94 (1.58)
<i>Total difficulties</i>				
Informant report	13.24 (6.43)	13.56 (6.45)	F=0.046 p=.830	9.80 (5.49)
Self-report	16.65 (5.56)	16.45 (5.16)	F=0.026 p=.872	13.03 (4.89)
<i>Pro-social behaviour</i>				
Informant report	5.76 (2.47)	5.93 (2.71)	F=0.073 p=.788	7.52 (2.33)
Self-report	7.19 (2.46)	7.08 (3.43)	F=0.023 p=.880	7.69 (1.77)

This result should be interpreted with caution. In the present sample, the difference in hyperactivity levels by presence of parental malfunctioning behaviour was found only in self-reported and not in informant-reported scores, and also, overall, the care group did not score significantly lower than the family group. The self-reported scores of the SDQ are a mere reflection of young people's awareness of the problem and are not considered in themselves an adequate basis for assigning individual diagnoses (Goodman *et al.*, 1998).

Further analyses yielded no association between the presence or absence of parental malfunctioning behaviour and teenagers' IQ ( $F=0.340$ ,  $p=.561$ ), school marks [ $\chi^2(20)=0.319$ ,  $p=.853$ ], school failure [ $\chi^2(1)=0.11$ ,  $p=.809$ ] or school misbehaviour [ $\chi^2(1)=0.614$ ,  $p=.553$ ].



It thus seems that the presence of parental malfunctioning behaviour does not influence teenagers' outcomes directly. Because parental malfunctioning behaviour could exert an influence on teenagers' outcomes in combination with duration of institutionalisation, this was investigated by comparing the effect of duration of institutionalisation on outcomes in the group of 27 teenagers whose parents showed parental malfunctioning. The analysis revealed no significant interaction effect.

A possible explanation for the lack of association between parental malfunctioning behaviour and most of the teenagers' outcomes is that, although it is reasonable to accept the validity of the institutional records regarding the presence of parental malfunctioning behaviour, there can be less reliance on the validity of the records of its absence. Inevitably, the records will have failed to note parental disorder/criminality after the child's admission into care. It is possible that a more systematic evaluation of parental lifetime behaviour might have given rise to different findings.

## **Developmental outcomes by teenagers' experiences during institutional care**

### **Outcome measures by contacts with parents during institutional care**

It has been rightly argued that it is beneficial for children living in care to maintain contact with their families. In the present study, the variability in the frequency of contact between teenagers in care and their families provided an opportunity to investigate whether this had had an impact on the measured outcomes. As Table 8.9 indicates, teenagers who had no contact with their families scored lower on trust ( $p=.017$ ) and overall quality of attachment to adults (although this falls short of statistical significance:  $p=.068$ ) than teenagers who had frequent contact with their families. This result is confirmed by a significant association found between security levels of attachment to adults and contact with families [ $\chi^2(2)=5.954$   $p=.05$ ]; teenagers who had frequent contact with their families reported more high-secure attachments towards adults. In respect of attachment to adults, the subgroup of teenagers who had frequent contact with their families during institutional care emerged as resembling the family group more closely than teenagers who had sporadic or no contact with their families. Perhaps this is not surprising, since for the



teenagers who visited their families often and spent holidays at home regularly the institutional placement was rather like spending time in a boarding school, links with family not being severed in the same way as they were for teenagers who had lost contact with their parents.

Table 8.9 Attachment by contact with parents

	In-care group (N=100)			F-ratio, significance and Post-hoc comparisons	Family group (N=100)
	No contact (n=44)	Sporadic contact (n=13)	Frequent contact (n=43)		
<i>Attachment to adults</i>					
Trust	38.02 (4.50)	40.07 (3.35)	40.53 (3.83)	F=4.325 p=.016* No<Frequent	39.95 (4.36)
Communication	32.13 (4.69)	32.84 (5.04)	34.09 (4.32)	F=1.997 p=.141	33.96 (5.06)
Alienation	23.25 (5.82)	24.69 (4.78)	22.90 (4.67)	F=0.584 p=.560	19.27 (5.63)
Quality	46.90 (9.94)	48.23 (9.61)	51.72 (9.36)	F=2.770 p=.068	54.70 (12.76)
<i>Peer attachment</i>					
Trust	39.63 (8.08)	39.46 (6.89)	41.32 (7.25)	F=0.638 p=.530	43.53 (5.71)
Communication	31.43 (7.12)	33 (4.81)	31.02 (6.19)	F=0.465 p=.629	30.54 (5.53)
Alienation	21.31 (5.63)	21.46 (4.03)	19.97 (3.78)	F=1.042 p=.357	18.86 (4.01)
Quality	49.75 (14.86)	51 (12.22)	52.37 (12.24)	F=0.412 p=.663	55.21 (12.06)

Because the trust and quality scores of attachment to adults were also associated with duration of institutionalisation, examination of the interaction effect of contact with family and duration of institutionalisation was conducted through regression analyses. The regression model for trust scores constructed with duration and contact as four ‘dummy’ variables was significant (F=6.843, p=.002), and explained approximately 12 per cent of the variance in trust scores (R<sup>2</sup>=.124). Both short duration of institutionalisation ( $\beta$ =.221, p=.032) and contact with family ( $\beta$ =-.207, p=.045) made a statistically significant contribution to the model, suggesting that while shorter duration of institutionalisation has a protective effect on trust scores, lack of contact with family has a negative influence. The regression model for the quality of attachment score was also significant (F=8.383, p=.005), explaining almost 8 per cent of the variation in scores, but the only predictor that made a significant contribution to the model was short duration of institutionalisation ( $\beta$ =.281, p=.005). This suggests



that short duration of institutionalisation has an overall protective effect on the total reported quality of attachment to adults.

As Table 8.9 shows, contact with parents during institutional placement did not have any significant effect on peer attachment scores. This result was confirmed by the Chi-square test, which did not find a significant association between the security levels of peer attachment and teenagers' contact with their families [ $\chi^2(2)=2.022$ ,  $p=.364$ ].

The results of the investigation of the potential effect of contact with families and teenagers' behavioural and emotional difficulties are presented in Table 8.10.

Table 8.10 Behaviour by contact with parents

	In-care group (N=100)			F-ratios, significance and Post-hoc comparisons	Family group (N=100)
	No contact (n=44)	Sporadic contact (n=13)	Frequent contact (n=43)		
<i>Conduct problems</i>					
Informant report	3.06 (2.30)	4.84 (3.21)	2.67 (1.96)	F=4.471 p=.014* Frequent<Sporadic	1.47 (1.96)
Self-report	3.88 (1.89)	4 (1.91)	3.48 (1.73)	F=0.676 p=.511	2.68 (1.68)
<i>Hyperactivity</i>					
Informant report	4.00 (2.42)	5.07 (3.04)	3.76 (2.19)	F=1.481 p=.233	3.29 (2.34)
Self-report	3.93 (1.82)	4.4.6 (1.8)	4.06 (2.01)	F=0.388, p=.679	3.67 (1.92)
<i>Emotional symptoms</i>					
Informant report	3.06 (2.24)	3.92 (1.75)	3.23 (2.16)	F=0.790 p=.457	2.72 (2.17)
Self-report	4.25 (2.61)	4 (2.3)	4.72 (2.14)	F=0.657 p=.521	3.74 (2.17)
<i>Peer problems</i>					
Informant report	3.40 (1.89)	3.00 (1.41)	3.09 (2.04)	F=0.388 p=.680	2.32 (1.95)
Self-report	4.18 (1.55)	4.38 (0.86)	4.39 (1.9)	F=0.200 p=.819	2.94 (1.58)
<i>Total difficulties</i>					
Informant report	13.54 (6.92)	16.00 (7.01)	12.69 (5.59)	F=1.252 p=.291	9.80 (5.49)
Self-report	16.25 (5.84)	16.84 (5.12)	16.67 (4.71)	F=0.100 p=.905	13.3 (4.89)
<i>Pro-social behaviour</i>					
Informant report	6.15 (2.65)	4.53 (2.96)	6.02 (2.46)	F=2.023 p=.138	7.52 (2.33)
Self-report	7.7 (3.76)	7 (2.76)	6.53 (2.58)	F=1.479 p=.233	7.69 (1.77)



The analyses revealed that, overall, teenagers who had infrequent, sporadic contact with their families, and those who had no contact at all, scored higher on emotional and behavioural problems and lower on pro-social behaviour than teenagers who had frequent contact with their families. However, this effect reached statistical significance only in the case of informant-reported conduct problems. Teenagers who had sporadic contact with their families scored significantly higher than teenagers who had frequent contact with their families. They also scored higher than teenagers who had no contact with their families, but the difference falls short of statistical significance ( $p=.085$ ).

This result was confirmed by the Chi-square test, which yielded a significant association between contact and conduct problems in the borderline/clinical range [ $\chi^2(4)=14.779$ ,  $p=.005$ , Figure 8.4]. It seems that, while in respect of attachment total lack of contact acted as a risk factor, in respect of conduct problems, even when there is some contact with families, if this is infrequent and inconsistent it fails to play a protective role. Nevertheless, some caution is needed in interpreting this finding, since frequency of contact may not be an indicator of the teenager's relationship with his or her family. For example, it could reasonably be expected that children who come from less dysfunctional families and have a positive relationship with their families will tend to have parents who will visit them regularly.

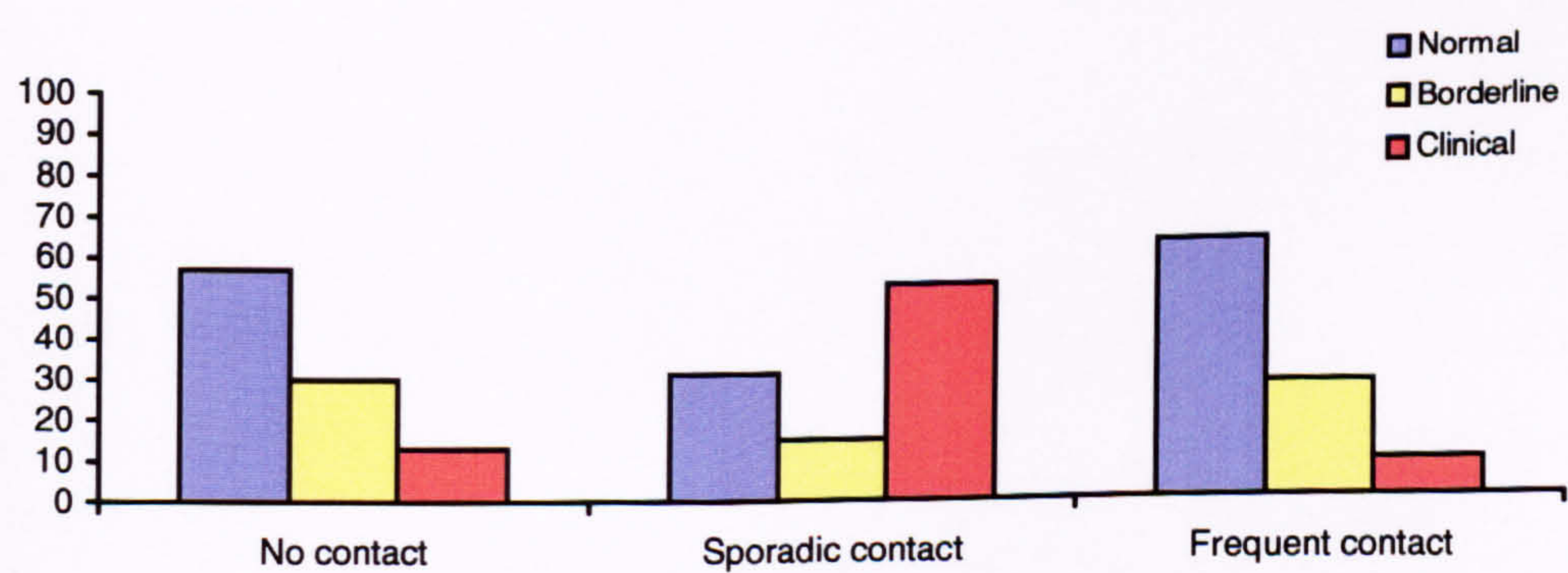


Figure 8.4 Informant-reported conduct problems by contact with family



It was necessary to test whether the effect of contact with the family on informant-reported conduct problems was due to an interaction with duration of institutionalisation. This was done through a regression analysis run for informant-reported conduct scores, with duration and contact introduced as four dummy variables. The regression model was significant ( $F=8.337$ ,  $p=.005$ ) and explained approximately 8 per cent of the variance in conduct scores. The only predictor that made a significant contribution to the model was sporadic contact with family ( $\beta=.280$ ,  $p=.005$ ), which seemed to impact on the reported conduct problems. Short duration of institutionalisation failed to contribute significantly to the conduct scores model ( $\beta=-.180$ ,  $p=.065$ ). This finding suggests that infrequent, inconsistent contact with families contributes to the increase in the level of reported conduct problems. It seems, then, that contact with parents is unlikely to be a protective feature when it is infrequent and inconsistent, and may often be associated with distress.

Further analyses revealed no effect of contact on teenagers' IQ ( $F=0.022$ ,  $p=.978$ ), school achievements [ $\chi^2(4)=6.134$ ,  $p=.189$ ], school difficulties [ $\chi^2(2)=3.304$ ,  $p=.192$ ], or school misbehaviour [ $\chi^2(2)=2.799$ ,  $p=.247$ ].

### **Outcome measures by presence of siblings in the same residential care unit**

The empirical research, and the policies based on it, support the idea that when substitute care is necessary, placing siblings together has a positive impact on a child's adjustment. The role of siblings in adjustment has been documented by studies on adoption and foster placements of siblings, and the practice supports the idea of placing siblings together, where possible (Rushton *et al.*, 2001; Smith, 1998). Contact with siblings in the same institutions might conceivably play a role in children's adjustment. The considerable number of siblings placed in the two study childcare institutions provided an opportunity to investigate the potential impact of the presence of sibling(s) within the same unit on teenagers' outcome.

As Table 8.11 shows, the presence or absence of sibling(s) was not associated with any of the composite measures of attachment to adults or peers. This finding was confirmed by the lack of association found between the presence of sibling(s) and the security levels of attachment to adults [ $\chi^2(2)=6.583$ ,  $p=.073$ ] and peers [ $\chi^2(2)=2.043$ ,  $p=.360$ ]. A possible explanation for the lack of association between the presence of



sibling(s) within the same unit and attachment could be the fact that just the simple presence or absence of siblings in the same institution is not sufficient in itself to influence the quality of teenagers' attachment relationships. It may be that the quality of the sibling relationship will play a role, and so further study is required in order to investigate this.

Table 8.11 Attachment by presence of siblings in the same care institution

	In-care group			F-ratio and significance	Family group (n=100)
	Single child (n=13)	Sibling present (n=36)	Sibling absent (n=51)		
<i>Attachment to adults</i>					
Trust	37.84 (4.03)	39.91 (3.86)	39.37 (4.48)	F=1.150 p=.321	39.95 (4.36)
Communication	31.07 (4.07)	32.80 (5.72)	33.76 (3.74)	F=1.868 p=.160	33.96 (5.06)
Alienation	25.15 (3.95)	23.36 (5.77)	22.76 (5.03)	F=1.098 p=.338	19.27 (5.63)
Quality	43.76 (8.18)	49.36 (10.88)	50.37 (9.10)	F=2.421 p=.094	54.70 (12.76)
<i>Peer attachment</i>					
Trust	36.61 (8.36)	40.88 (7.22)	40.90 (7.47)	F=1.842 p=.164	43.53 (5.71)
Communication	30.38 (6.73)	31.08 (6.55)	32.00 (6.36)	F=0.416 p=.661	30.54 (5.53)
Alienation	22.07 (3.88)	21.66 (4.87)	19.78 (4.68)	F=2.315 p=.104	18.86 (4.01)
Quality	44.92 (14.29)	50.30 (12.52)	53.11 (13.47)	F=2.069 p=.132	55.21 (12.06)

There was some indication that teenagers behaved better when they had a sibling in the same institution (Table 8.12). Teenagers who had a sibling living with them scored lower on informant-reported conduct problems, hyperactivity and self-reported peer problems, as well as higher on self-reported pro-social behaviour. However, these differences reached statistical significance only for the self-reported peer problems; teenagers who lived with one of their siblings reported fewer peer problems than teenagers who did not have a sibling in the same unit ( $p=.017$ ) or who were single children (but this difference is not statistically significant:  $p=.964$ ). This result was confirmed by a Chi-square test [ $\chi^2(4)=6.582$ ,  $p=.037$ ], which indicated that teenagers who did not have a sibling living with them had more self-reported peer problems in the borderline/clinical range than teenagers who had a sibling living in the same institution.



However, this difference was not found in the informant-reported peer problems scores, which were comparable irrespective of whether teenagers had a sibling living with them. This suggests that the finding concerning the better adjustment in relation to peers of teenagers who had sibling(s) living with them should be interpreted with caution, as the self-reports are just an indication of the teenagers' degree of awareness of their peer problems, and are not a reliable assessment for diagnostic purposes.

Table 8.12 Behaviour by presence of siblings in the same care institution

	In-care group (N=100)			F-ratios, significance and Post-hoc comparisons	Family group (N=100)
	Single child (n=13)	Sibling present (n=36)	Sibling absent (n=51)		
<i>Conduct problems</i>					
Informant report	3.3 (2.35)	2.97 (2.24)	3.19 (2.51)	F=0.133 p=.876	1.47 (1.96)
Self-report	3.07 (1.25)	3.86 (1.67)	3.8 (2.03)	F=0.967 p=.384	2.68 (1.68)
<i>Hyperactivity</i>					
Informant report	4.00 (2.29)	3.77 (2.25)	4.23 (2.59)	F=0.372 p=.691	3.29 (2.34)
Self-report	4.07 (1.25)	4.00 (2.11)	4.09 (1.9)	F=0.028 p=.972	3.67 (1.92)
<i>Emotional symptoms</i>					
Informant report	3.00 (1.68)	3.05 (2.25)	3.45 (2.2)	F=0.452 p=.638	2.72 (2.17)
Self-report	4.92 (1.89)	4.75 (2.55)	4.05 (2.33)	F=1.235 p=.295	3.74 (2.17)
<i>Peer problems</i>					
Informant report	3.00 (1.8)	3.19 (2.16)	3.29 (1.75)	F=0.120 p=.887	2.32 (1.95)
Self-report	3.92 (1.44)	3.8 (1.32)	4.74 (1.78)	F=4.087 p=.02* Present<Absent	2.94 (1.58)
<i>Total difficulties</i>					
Informant report	11.81 (4.02)	13.00 (6.13)	14.17 (7.00)	F=0.766 p=.468	9.80 (5.49)
Self-report	16.00 (3.65)	16.41 (4.44)	16.7 (6.11)	F=0.101 p=.904	13.3 (4.89)
<i>Pro-social behaviour</i>					
Informant report	5.84 (2.6)	5.75 (2.4)	6.00 (2.84)	F=0.095 p=.910	7.52 (2.33)
Self-report	6.92 (2.01)	7.66 (3.92)	6.76 (2.84)	F=0.863 p=.425	7.69 (1.77)

Further analyses revealed no association between the presence of a sibling within the same institution and teenagers' IQ (F=0.526 p=.593), school marks [ $\chi^2(4)=5.979$ , p=.201], school difficulties [ $\chi^2(2)=1.388$ , p=.499] or school behaviour [ $\chi^2(2)=5.082$ , p=.079].



## **Summary: Mediation of institutional rearing effects**

The present investigation of potential mediating factors on institutional rearing effects on the developmental adjustment of one hundred teenagers growing up in childcare institutions in Romania supports the following conclusions:

1. The strongest predictor of teenagers' attachment to adults was duration of institutionalisation, entering care during middle childhood and thus spending less time in care being a protective factor in teenagers' reports of trust, alienation and overall quality of attachments. Lack of contact with parents during institutional placement represents a significant risk factor affecting teenagers' reported feelings of trust towards adults.
2. Although the care group as a whole stood out as markedly different from the family group, the attachment to their peers of teenagers living in care was not associated with any of the predictive measures considered in the present study. This suggests that other factors should be investigated in explaining the overall low peer attachment quality reported by teenagers living in care. It is possible that teenagers' dissatisfaction with their peers stems from factors relating to their living arrangements. Teenagers in care live on a permanent basis with a large group of up to 100 peers which has been imposed on the individual by the circumstances of being in care, and there is no choice in these relationships. In a family rearing situation, by contrast, teenagers select their group of peers (which normally would not be as large as 100), generally on a preference basis, and they do not live together.
3. There was no single strong factor associated with teenagers' emotional and behavioural problems. The three behavioural patterns which emerged as strongly associated with institutional rearing (higher conduct problems, less pro-social behaviour and higher self-reported peer problems) seem to be mediated by different factors. Informant-reported conduct problems seem to be particularly increased in teenagers who had infrequent and inconsistent contact with their families. The relatively short duration of institutionalisation seems to play a protective role regarding teenagers' pro-social behaviour, whereas coming from a disrupted, conflictual familial background represents a risk in terms of teenagers'



pro-social behaviour. The level of self-reported peer problems was reduced for teenagers who had a sibling living with them.

4. There is some indication that teenagers' self-reported hyperactivity is mediated by the presence of parental malfunctioning behaviour, but this was not the case for informant-reported hyperactivity.
5. Teenagers' levels of intellectual development and school performance do not seem to be mediated by their experiences before or after admission into care.



## Chapter 9

# Young People's Views on Family Connectedness

It is now commonly accepted that social networks have a profound influence on health and well-being. For children, the first and most important social network is the family. Attachment theory (Bowlby, 1988) stresses the need for emotional bonding for normal development. The family also must establish a sense of stability in the child's life experience, by providing stable family customs and traditions (Anyan and Pryor, 2002; Brannen *et al.*, 2000). As the child grows up, extra-familial social contacts become increasingly important (Samuelsson *et al.*, 1996). Previous research has established that family changes represent risk factors for children's welfare and well-being. A review by Rodgers and Pryor (1998) estimated that children whose parents had separated or divorced are, on average, twice as likely to display emotional and behavioural problems and lower academic achievement than children from intact families. Research on children's responses to marital conflict has suggested that conflict can be mediated by the quality of family relationships (Sturgess *et al.*, 2001), especially the parent-child relationship after parental separation. Recent studies (Lewis and Lindsay, 2000) demonstrate the value of considering the child's perspective when attempting to explain the child's adjustment. Moreover, policymakers in the area of child welfare are increasingly keen to understand children's perspectives; when children grow up apart from their parents and families, especially, their perception of family relationships and connectedness are clearly of central significance to their adjustment.

The present study provided an opportunity to assess the young people's views of closeness to mothers, fathers, siblings and other family members in different family circumstances (teenagers growing up with their families and those living in institutions), with the expectation that teenagers living in institutions would, on average, report less close relationships with their families than teenagers living with their families. For this part of the study, which employed the Family Chessboard Technique and in-depth qualitative interviewing, a subgroup of 60 young people (40 living in institutions and 20 living with their families) was selected from the two samples. The selection was based on a 2x3 design (10 subjects per group), combining



gender and amount of contact with family, differentiating between teenagers living with their families, teenagers living in institutions and legally abandoned as a result of their families not maintaining contact with them, and teenagers (not abandoned) living in institutions who are in frequent contact with their families.

The subjects who completed the Family Chessboard and a semi-structured interview assessing their family connectedness (the technique was described in detail in Chapter 5) represented 60 young people, aged between 12 and 16 (mean age: 13.54), forming two distinct sub-groups reflecting a great variety of family experiences:

1. Twenty teenagers (ten boys and ten girls) who had been brought up and were living with their families. Both their parents had lived, and were living, with them and their siblings. They had, on average, two siblings. Four teenagers were only children, and 16 had between one and three siblings.
2. Forty teenagers (twenty boys and twenty girls) who were living in state care institutions. The majority of them were born in two-parent families (33 of the 40) and only a small proportion (7) were born in single-parent families. The mothers of seventeen teenagers had remarried and the fathers of three teenagers were known to have remarried. They had, on average, three siblings (up to nine). Seven teenagers were only children. About a third of them (13) had up to four step-siblings (in fact these were 'half-siblings', but in Romanian they are referred to as step-siblings), and a high proportion (29) had up to four siblings in childcare institutions. Of these, seventeen had up to two siblings in the same residential unit and a further eleven had up to two siblings in the gender-parallel Placement Centre. Half of the teenagers in care had regular contact with their parents and the other half were legally abandoned or in the process of being declared legally abandoned as a result of their parents failing to maintain contact with them over the previous two years.

## **Young People's Closeness to Their Families**

In the present study, teenagers in both groups placed between four and fifteen family members on the chessboards, the teenagers living with their families placing, on average, nine persons (mean: 9.6) and the teenagers living in care only about eight (8.18). The difference was not statistically significant: Mann-Whitney  $U=285.00$ ,



$p=.069$ . Both parents were invariably placed on the chessboards by teenagers living with their families. But in the case of the teenagers living in care, from 3 out of the 40 boards the mother was omitted, from 6 boards the father was omitted, and in one case both parents were omitted. The majority of teenagers placed siblings on their family chessboards (all except five teenagers, one living in care and four living with their families, who were only children). The teenagers living in care placed, on average, two to three siblings, more than the teenagers living in families, who placed, on average, one to two siblings ( $U=238.00$ ,  $p=.009$ ), because the teenagers in care had significantly more siblings. They did not differ significantly in terms of perceived closeness towards their siblings ( $p$  range:  $.509 - .101$ ), but the number of other relatives placed on the chessboards by teenagers in care (on average, one) was significantly lower than the number of those placed by teenagers living in families (on average three):  $U=224.50$ ,  $p=.006$ .

Three teenagers living in care placed other significant adult persons, such as their educators, on their family chessboard whereas teenagers living with families did not place any non-kin adult persons on it. A significant proportion of teenagers living with their families (10 out of 20) included friends and peers, whereas the teenagers living in care did so in only three (out of 40) cases.

The total number of negative contacts (persons rejected) was significantly higher for teenagers living in institutions, where more than half (21 of 40) had at least one negative contact. Teenagers living in families mentioned no negative contacts. Teenagers in care placed significantly fewer people on the 'very close' positions (on average four) than teenagers living with families (who had, on average, five very close persons):  $U=266.00$ ,  $p=.032$ . However, the two groups did not differ significantly in the number of persons placed in 'close' ( $U=312.50$ ,  $p=.165$ ) and 'not close' ( $U=393.50$ ,  $p=.910$ ) positions.

In terms of perceived closeness, teenagers living in care had lower overall total closeness scores (22.05) than teenagers living with their families (28.35) and the difference was statistically significant at  $p=.003$  ( $U=211.00$ ). In particular, teenagers in care reported significantly lower closeness towards their mothers ( $U=192.00$ ,  $p<.001$ ), fathers ( $U=161.00$ ,  $p<.001$ ) and grandparents ( $U=255.00$ ,  $p=.02$ ), and significantly lower combined closeness towards parents ( $U=94.50$ ,  $p<.001$ ). However, they did not differ significantly in terms of perceived closeness towards grandmothers



( $U=292.00$ ,  $p=.068$ ), other relatives ( $U=334.00$ ,  $p=.256$ ), peers ( $U=22.50$ ,  $p=.708$ ) or siblings ( $U=297.00$ ,  $p=.102$ ).

### **Who constitutes the family?**

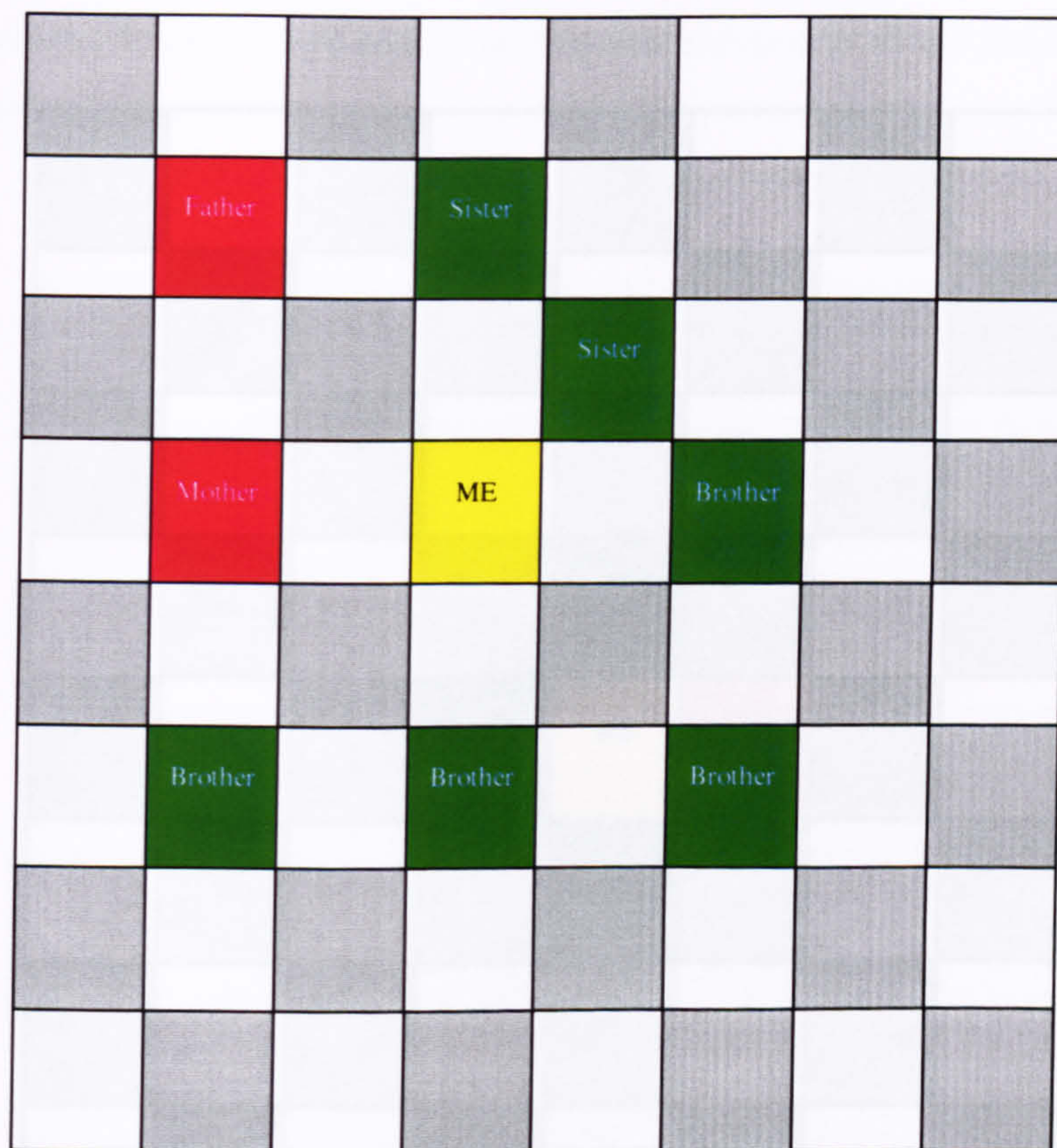
Representations of what constitutes 'a family' are vividly presented in children's surrounding environments, from children's literature to the discourses of adults who teach, care for, or have responsibility for children (Anyan and Pryor, 2002). As a recent study (Brannen *et al.*, 2000) showed, ideological representations of what families 'ought' to look like are powerful influences on children's views about their own families. However, children's understandings of what family means are often broad and inclusive (Samuelsson *et al.*, 1996), with young people including persons considered kin as well as people not usually considered kin in their family.

The various family structures resulting from the young people's placement of their family members on chessboards were analysed in respect of the teenagers' own experiences of particular living circumstances (living in care and living with their families). Teenagers living with their families invariably represented extended family structures, whereas teenagers living in care represented nuclear and extended families as well as step-family configurations. This is not surprising given that their families had experienced more changes. The main family configurations are discussed in turn.

### ***Nuclear family configurations***

Nuclear family configurations were identified in six family chessboards placed by teenagers living in care. The board below (Case 1) was placed by Alexandra, a 12-year-old girl who had been placed in care three years previously by her parents because of poverty. Alexandra is the fifth of seven children, and when she began school her parents decided to place her in care, thinking that she would have a better chance of an education as they could not cope with the financial expenses. Alexandra spends every holiday at home with her parents and siblings and describes her family as being a 'good and close family'. She feels particularly close to her sister, who is 15 and lives at home, and they 'play, talk and help the parents work on the farm' when she is at home. Alexandra also enjoys living in the Placement Centre, because she has many friends among the girls, and described them as being 'like a big family' to her.



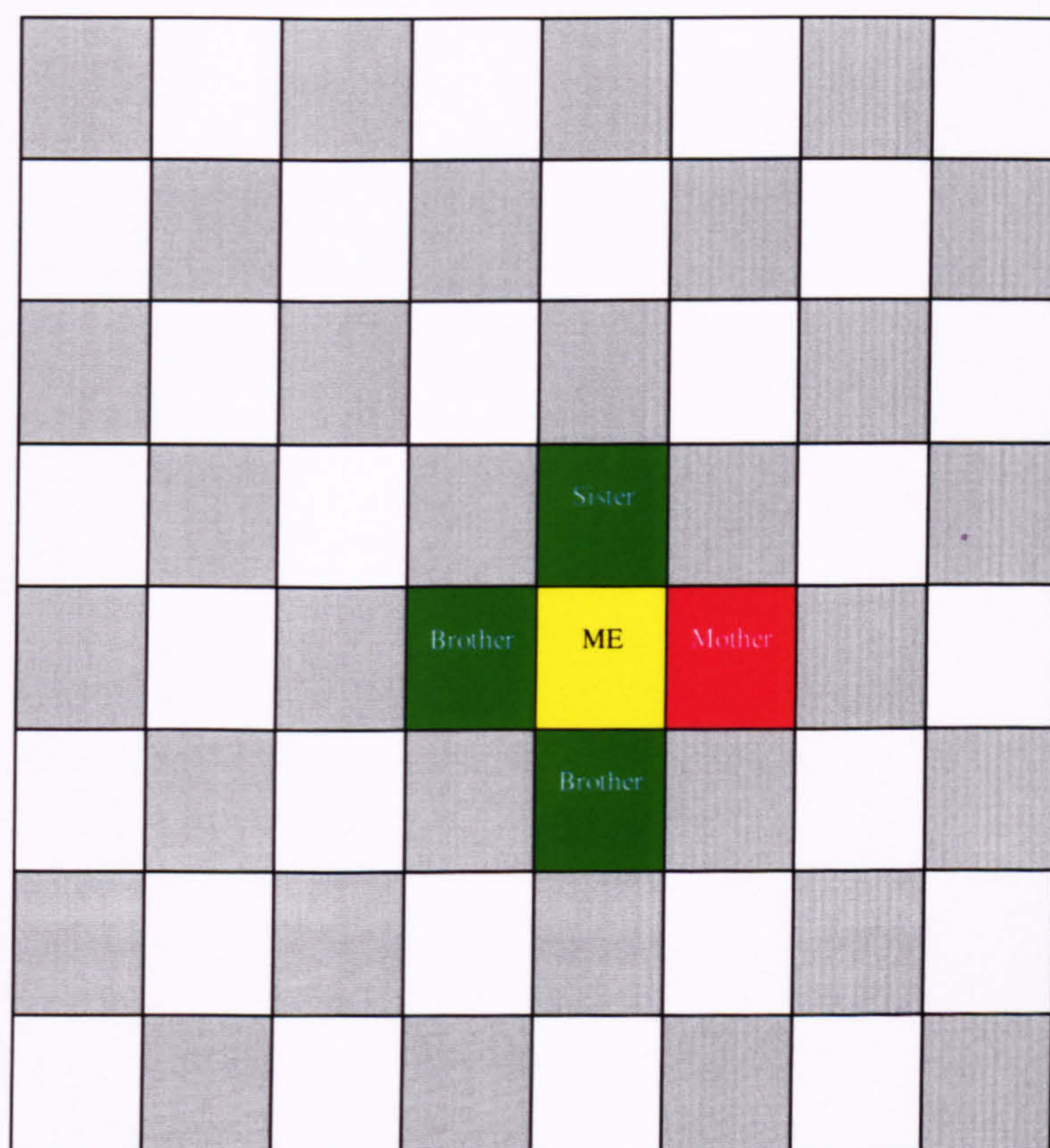


Case 1 Alexandra's family chessboard<sup>1</sup>

A compact nuclear family structure is presented by Florin (Case 2). He is a 13-year-old boy who entered care four years ago after his father died. At the same time, his sister (aged 14) was placed in the Placement Centre for Girls, because their mother could not cope with the financial hardship following her husband's death. Florin has two older brothers who work and live at home with his mother. Florin spends school holidays at home and he describes his family as being very close. Even though he sometimes argues with his sister 'because she is only playing the kind of music she likes and I don't like', Florin feels close to all his family members: 'They are all very close to me.' His father was omitted from the chessboard, and Florin explained that he did not place him on the board 'because he is dead'.

<sup>1</sup> In representing family members on the Family Chessboards, the following colour coding was used: subject, biological parents, biological siblings, grandparents, other relatives, step-parents, step-siblings, non-kin adults, peers/friends.





Case 2 Florin's family chessboard

The small proportion of teenagers who identified nuclear family structures all lived in care. This is perhaps significant, in the sense that their present living arrangements (in institutions, separated from their families) limited their contact with extended family members and they did not perceive themselves as being close to extended family members.

### *Extended family configurations*

Extended family configurations were identified in both groups: the majority of teenagers living in care (36 of 40) and all the teenagers living in families placed family members such as grandparents and uncles and aunts on their chessboards. For teenagers living with their families, grandparents are an important presence in the family, especially when they live within the same household, as is often the case in Romania. Stefania (Case 3) talked about her maternal grandmother as being very



close: 'Grandma lives with us and I can say that she is one of my best friends – she and my mother.'

			Grand-mother				
		Father	ME	Mother	Aunt		
		Uncle	Grand-mother	Grand-father	Aunt		
		Cousin	Cousin	Cousin	Uncle		

Case 3 Stefania’s family chessboard

Stefania mentioned her paternal grandmother, who does not live with the family but whom she visits often. Even though she disagrees with her grandma’s strong religious beliefs, she nevertheless accepts her as a close member of her family:

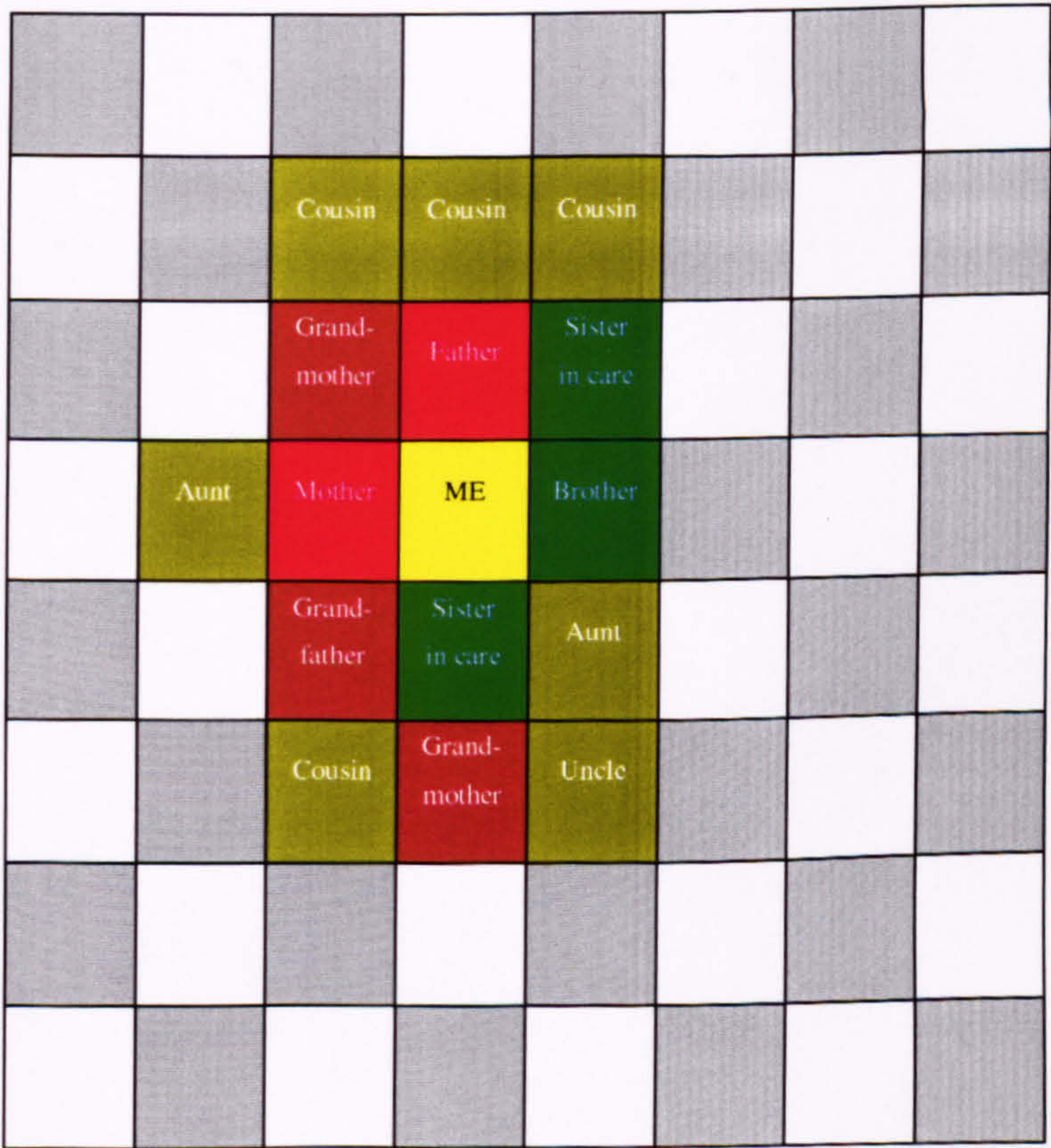
My other grandma – I don’t get along very well with her because she is very religious and she always tells me what not to do ‘because it is a sin’. But she is all right... I often spend time with her at weekends and holidays and I help her with the housework.

Aunts, uncles and cousins are all seen as important family members, with whom the teenagers maintain regular contact by visiting them and getting together for family celebrations:



We get along well with my uncles, aunts and cousins. We visit them at the weekends, or for Christmas and Easter... Last week was my grandmother's birthday and all my father's relatives got together ... there was a big party! (Stefania)

For teenagers living in care, extended family members are also important, especially when they perform caring roles during family crises. For example, Irina (Case 4) explained that she is particularly close to her maternal grandparents because 'they were very kind to us, the children, and when my parents were having problems they took care of us'.



Case 4 Irina's family chessboard

*Step-family configurations*

Half of the parents of teenagers living in care had divorced, and 17 mothers and 3 fathers were known to be remarried or cohabiting with a new partner. However, step-



family members were placed on family chessboards by only six teenagers. Usually, the step-family members (step-parents and step-siblings) were omitted when the teenagers had lost contact with their remarried parent(s) and had never met their step-parent(s) or step-sibling(s). An overview of the step-family configurations reveals that teenagers in care accept or reject their step-family members in equal proportion. The board below (Case 5) includes step-family members within the birth family network and they are perceived as close.

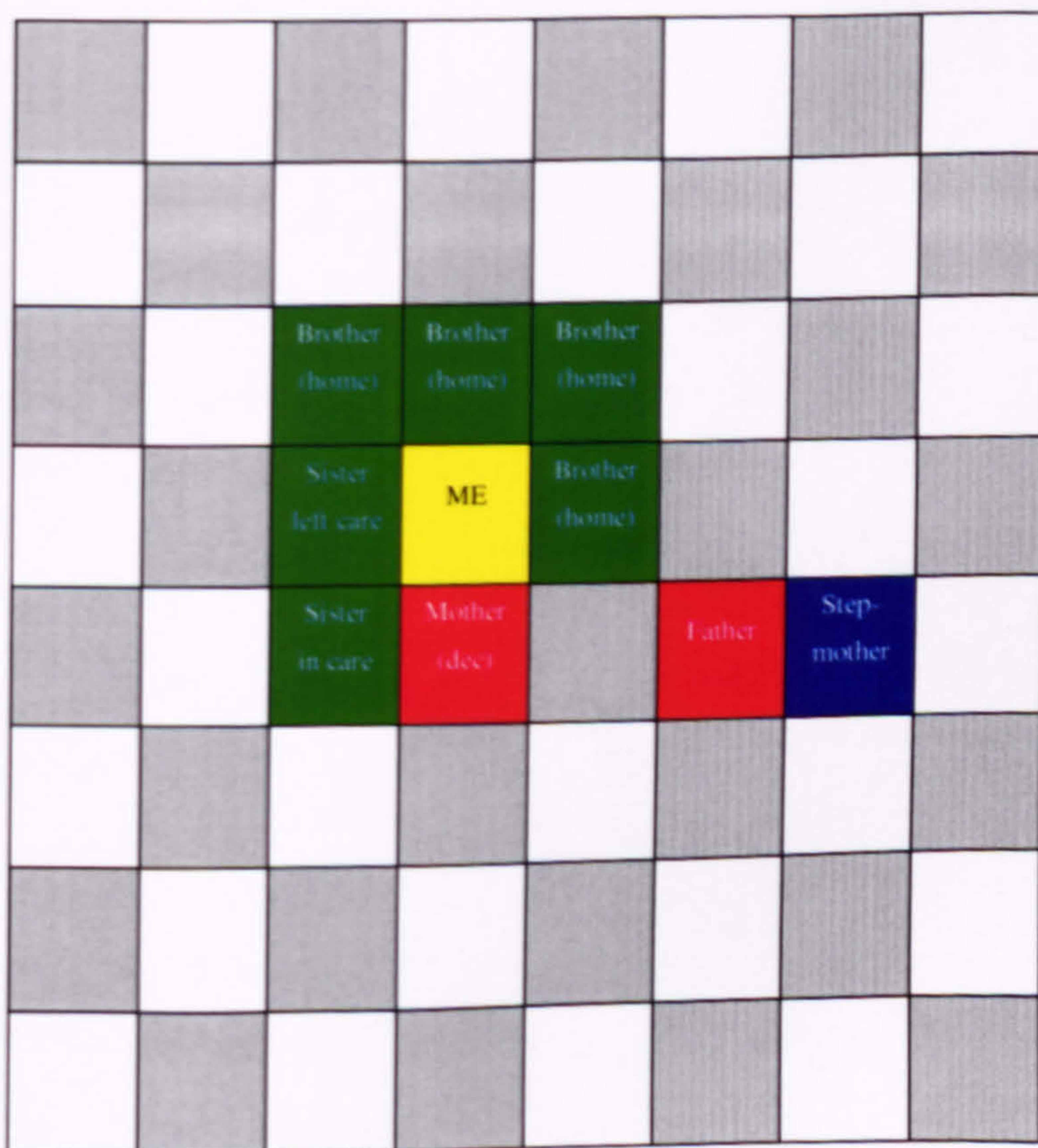
		Aunt	Father	Aunt	Grand-mother		
	Sister in care		ME		Grand-mother		
		Uncle	Step-father	Mother	Brother left care		
			Step-sister	Uncle	Brother left care		

Case 5 Ana-Maria’s family chessboard

Ana-Maria, who was 12 and had been in care for three years, described her family as a ‘good family’ and she visits her grandparents and her mother occasionally. She has a sister living with her in the Centre, and she also feels close to her younger stepsister (half-sister). Ana-Maria hopes that when she leaves school (at 18) she will be able to go to stay with her mother, stepfather and sisters.



Three of the teenagers in care did not perceive their step-parents as close. Usually this is the case when teenagers regard the step-parent(s) as interfering with family unity. Loredana (Case 6) talked about not being close to her stepmother because she had been ‘behaving badly, drinking a lot and talking dirty’. As a result, she did not consider her father very close either, because when she goes home to stay with them ‘my father drinks, together with my stepmother, and they are mean to me’. Loredana’s family board illustrates the fragmentation in her family’s structure: the father has been ‘pulled out’ from the very close family circle that still includes her biological mother, even though she has died. Loredana is 16 and had been in care for 7 years.



Case 6 Loredana’s family chessboard

The tendency of young people to distance themselves from family members about whom they have negative perceptions has been found in studies concerning socio-genealogical connectedness in children from divorced families (Owusu-Bempah and



Howitt, 1997, 2000). Even when the 'negative' parent does not live with the child, the more damaging the information the child possesses about that parent the less the child is inclined to be associated with them, and the shallower his or her sense of connectedness is.

### ***Family configurations which included other people***

Teenagers living in care and in their families included people outside their kin on their family chessboards. There is a clear distinction, however, between the teenagers in care, who included significant adults, such as their educators, teachers, or people who have been 'kind'/'nice' to them, and teenagers living in families, who included exclusively peers and friends to whom they felt close. Young people's ties extend well beyond their households and kin. Previous studies have documented the fact that young people often include within the term 'family' pets, peers and people not usually considered as kin (Brannen *et al.*, 2000).

Teenagers living in care included significant adult others (in three cases only), usually when ties with their parents had been severed through lack of contact over several years. Ramona (Case 7), a 13-year-old girl who had spent most of her life in care institutions (since she was 3), had placed her group educator, a teacher and a counsellor, together with her parents, siblings and relatives, on her family chessboard. The parents were 'rejected', because they had not been in contact since they had put Ramona and her sister in care (approximately 11 years ago). Others were placed on the close and very close positions, suggesting a replacement process: Ramona rejected her parents who failed to maintain closeness, and replaced them with other relatives (the grandmother on the very close position and the aunt on the close) and with adult care-figures, such as the educator, teacher and counsellor (also on close positions). This replacement was made explicit in the interview. Ramona talked about her parents as having been absent from her life since she had entered care, and about her grandmother and aunt as being 'like mothers to me, because they came to visit me here and took me to their homes in the holidays'. However, she talked about being 'very close' to her educator, teacher and counsellor, because 'they understand me and help me when I have problems'.



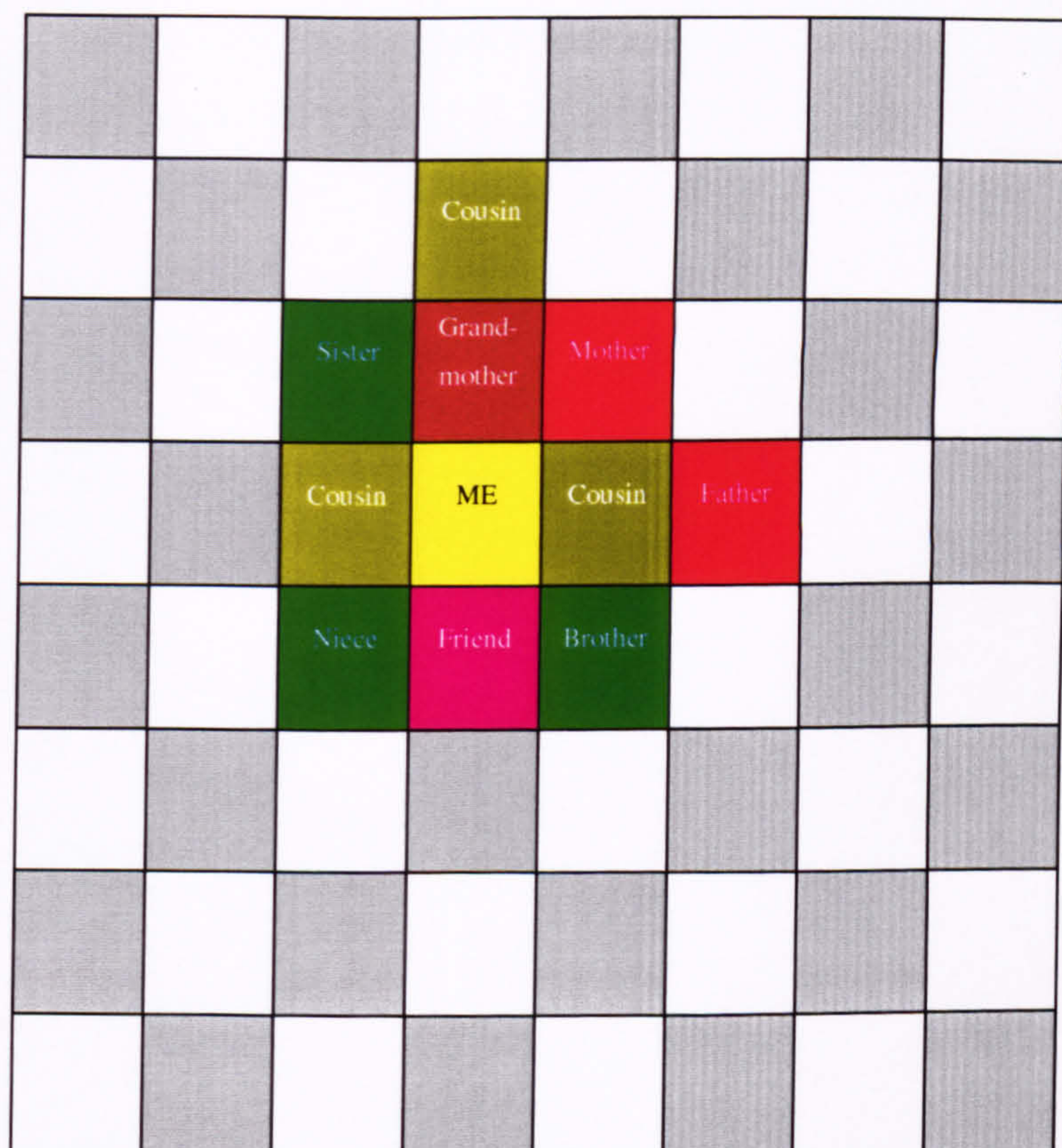
Mother							
				Educa- tor		Teacher	
			Grand- mother		Sister in care		
		Aunt		ME		Brother left care	
			Sister married		Sister in care		
				Counse- llor			
							Father

Case 7 Ramona's family chessboard

Teenagers living with their families included peer friends to whom they felt close. Camelia, a 15-year-old girl living with her family, placed her girlfriend on the same level of closeness as her siblings, parents and relatives (Case 8). Camelia described her family as being a 'very united family' and said she was very close to all of them. She explained the presence of her friend on the family board as follows:

I can't say that my friend is part of my family because she is not family, but we are very close to each other; we are best friends. Being about the same age makes me feel she is like a sister to me – because my sister and brother are older than me, they are married and my brother has a daughter. I am close to them in the sense that I seek their advice and help – especially when I need money! But with my friend it is different ... we do different things together.





Case 8 Camelia's family chessboard

The main family structures depicted above were dependent, to some extent, on teenagers' current living arrangements: teenagers living with their families represented predominately extended family structures, sometimes including friends, whereas teenagers living in care represented mainly nuclear and step-family structures and included significant adult (non-kin) figures such as their educators and teachers.

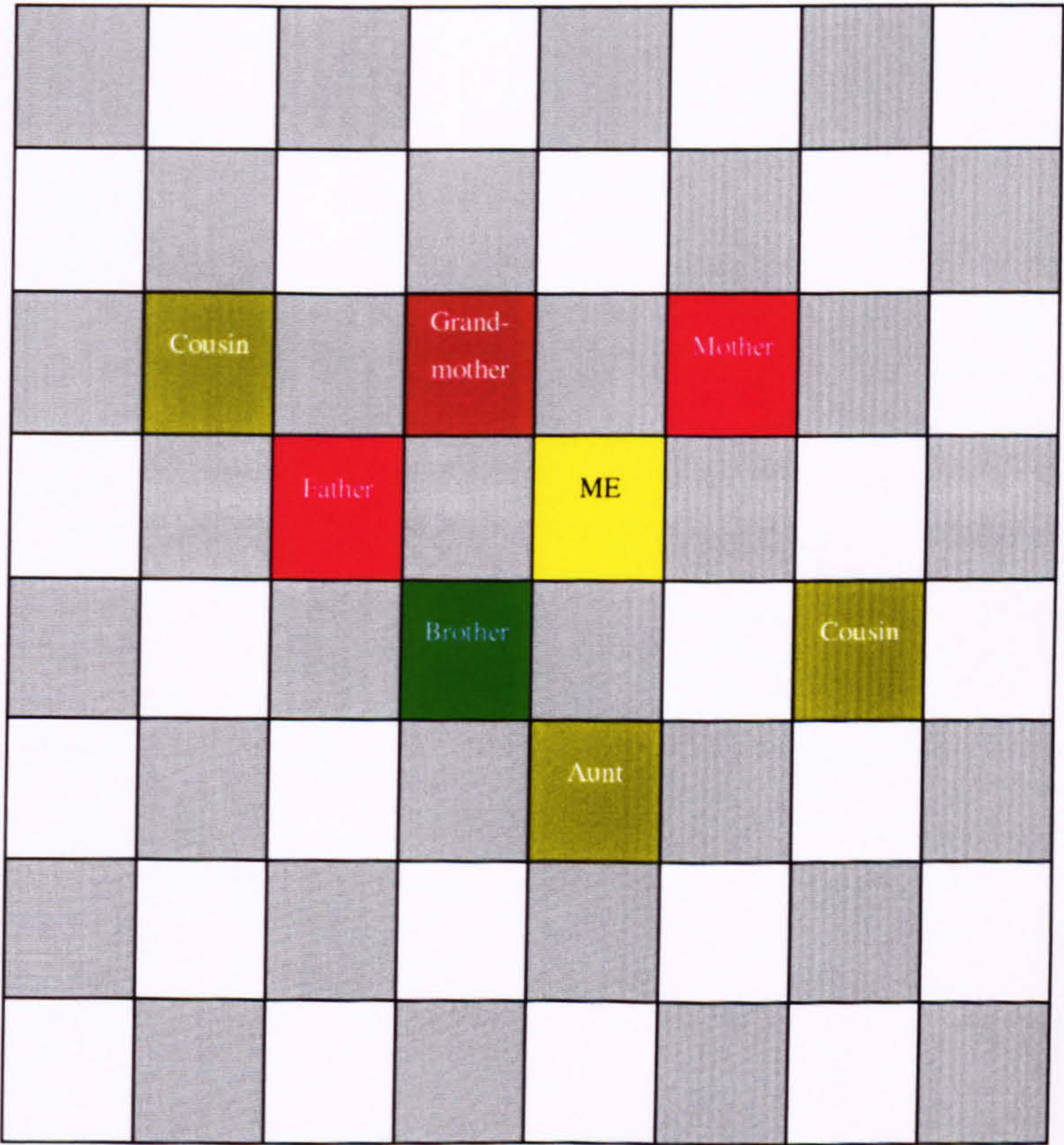
### The Importance of Parents

Children's experiences of closeness towards their parents are likely to be affected by their availability (Owusu-Bempah and Howitt, 1997, 2000). Those young people who did not live on a day-to-day basis with their parents were less likely to report the same levels of closeness towards their parents as those who live permanently with them. The present study reflects this. All the teenagers living with their families placed their parents on the very close and close positions. The overwhelming majority of the mothers (19/20) and fathers (18/20) were placed as 'very close', and in only a very



few cases were parents (fathers in two cases) rated as ‘close’. For example, Roxana (Case 9), a 13-year-old living with her family, described her relationship with her father as not being ‘very close’, and she accounted for this as follows:

I am not very close to my father because... I can’t talk to him as I do with my mum... he’s always busy with running his business.



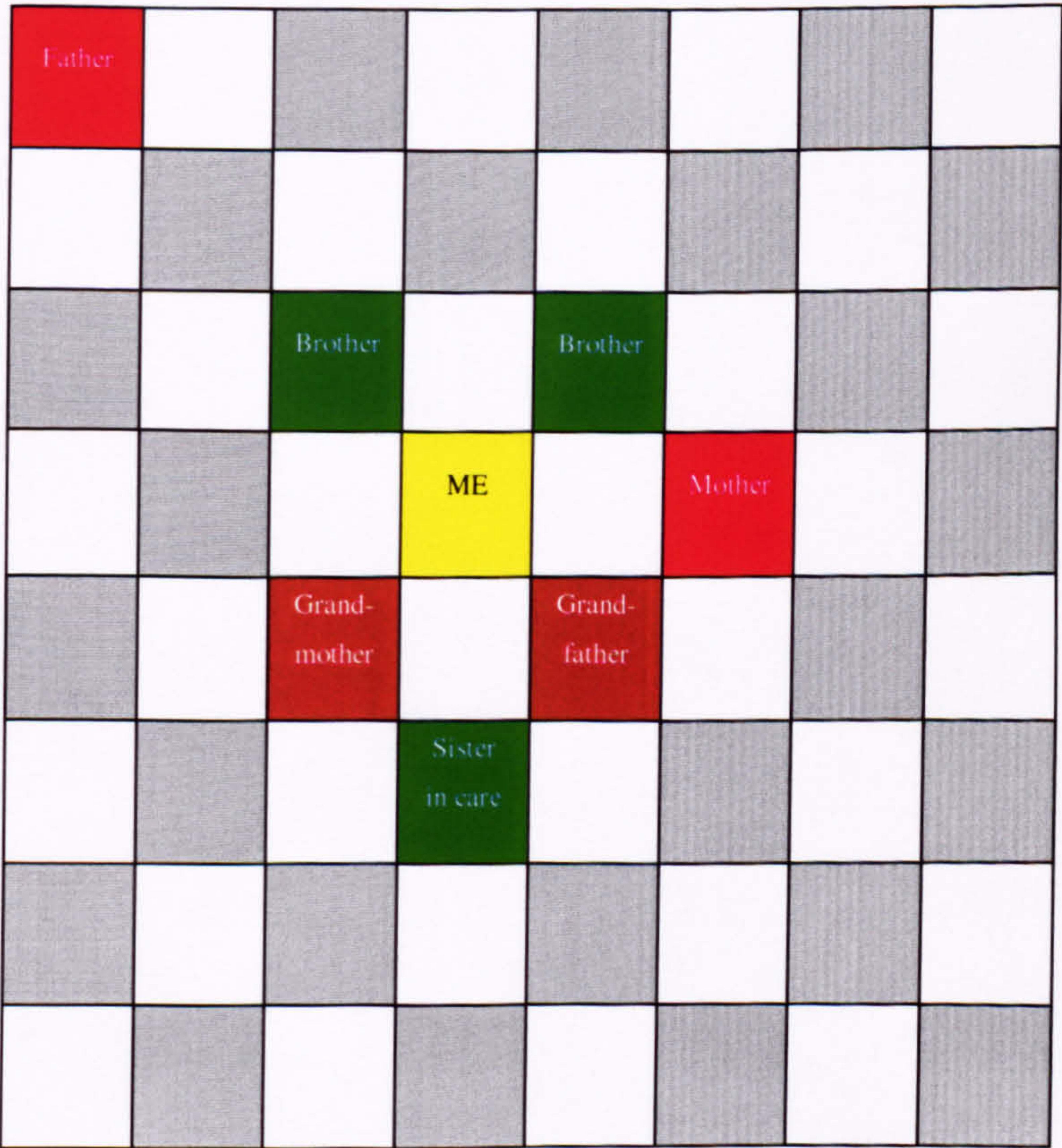
Case 9 Roxana’s family chessboard

The proximity of parents was very different for teenagers living in institutions. Only just over half of the teenagers living in care placed their parents on the ‘very close’ and ‘close’ positions (24 mothers and 21 fathers). A few parents were rated as being ‘not close’ (3 mothers, 4 fathers) or omitted altogether (3 mothers and 6 fathers). About a quarter of parents were rejected: 10 mothers and 9 fathers. Overall, the mothers’ closeness score (mean: 2.25) was slightly higher than the fathers’ closeness score (mean: 2), and mothers were considered more important.



The reasons the young people gave for rejecting one or both parents were explored both through the chessboards and through interviews. The main reason parents were rejected was that they failed to maintain contact with their offspring while they were in residential care. As was mentioned above, Ramona (Case 7) had lost contact with her parents since she had been placed in care, and therefore she placed them away from her. Sanda (Case 10 below) placed her father in a 'rejected' position because she had not seen him since her parents had divorced. Sanda was 15 and had been in care for four years. She talked openly about her feelings of resentment towards her father, who in her view had failed to behave as a parent:

I am not at all close to my father ... in fact I don't consider him as being my father any more! I can understand that he and mum had problems and they divorced and we were put in care until mum can get a job to take us back home. But him, not to come once in these four years to see me and my sister in here – this I cannot understand!

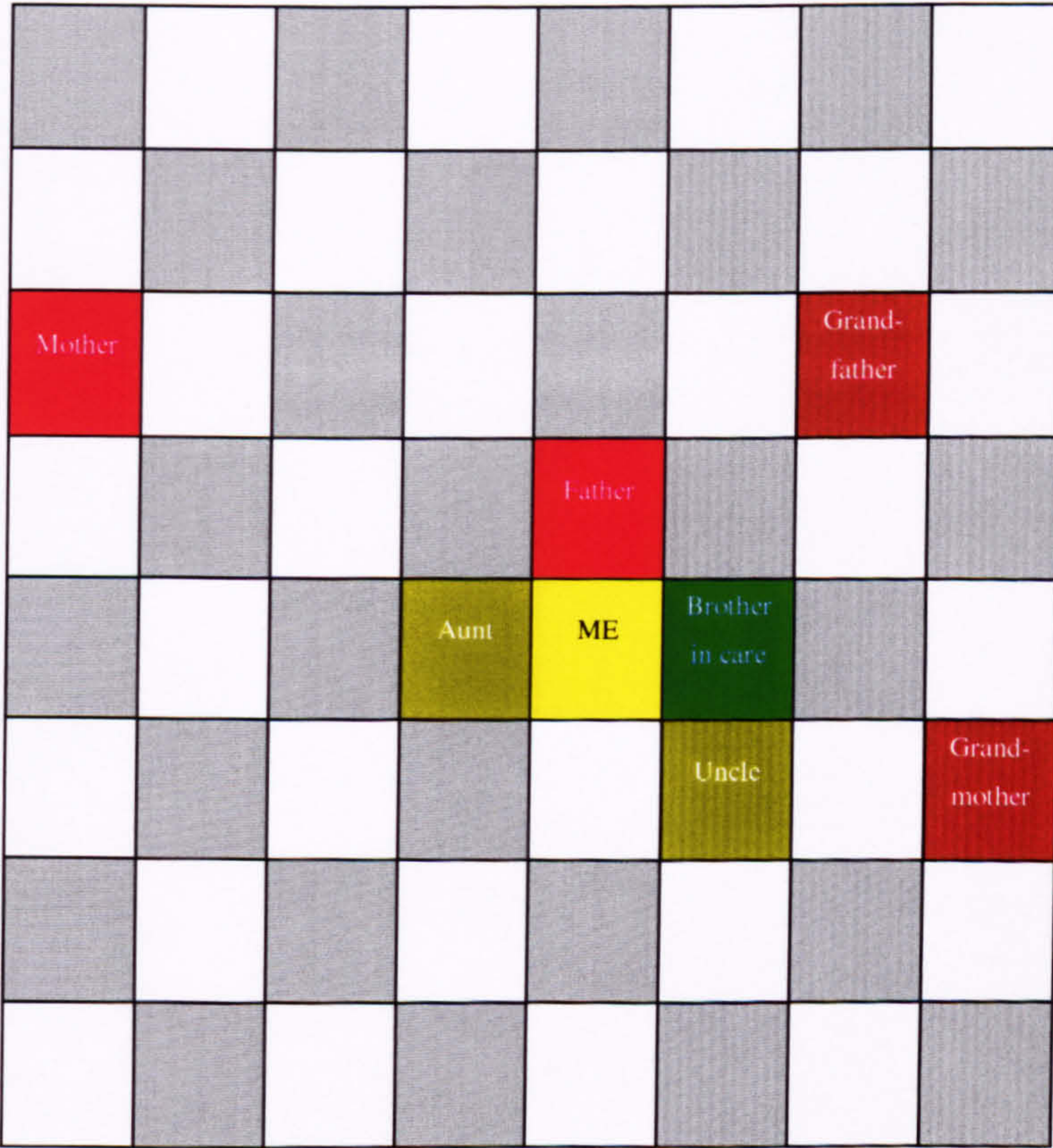


Case 10 Sanda's family chessboard



Loss of contact is not the only reason for teenagers in care rejecting their parent(s). Tudor, a 13-year-old boy living in care (Case 11, below), placed his mother some distance away from him, because in his view she ‘behaves badly’ and he therefore wants to distance himself from her:

I am not close to my mother ... she is behaving very badly, gets drunk and argues with my father ... And that is why my father had to put us in care ... She is a bad woman!

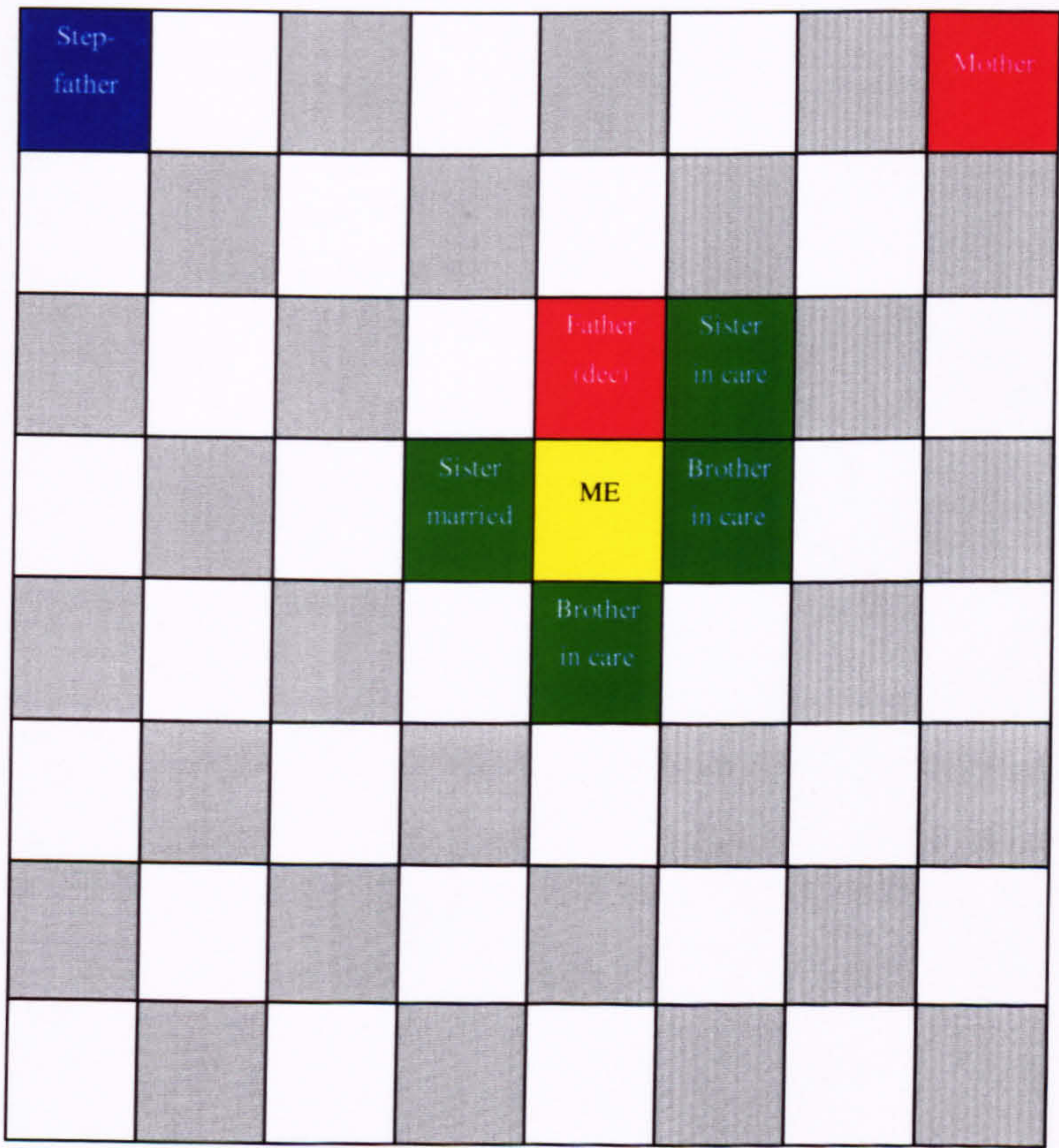


Case 11 Tudor’s family chessboard

Given the complex family circumstances experienced by children in care, when a parent who has lost contact gets remarried, the step-parent is often perceived as being the cause of the parent’s absence and, consequently, both the parent and step-parent are rejected. Paula’s (Case 12) rejected both her remarried mother and her stepfather, forming a ‘coalition’ with her siblings (all of them in care) and her deceased father



against her mother, who lost contact with her soon after she remarried. Paula, who was 13, had been in care for four years and was legally abandoned.



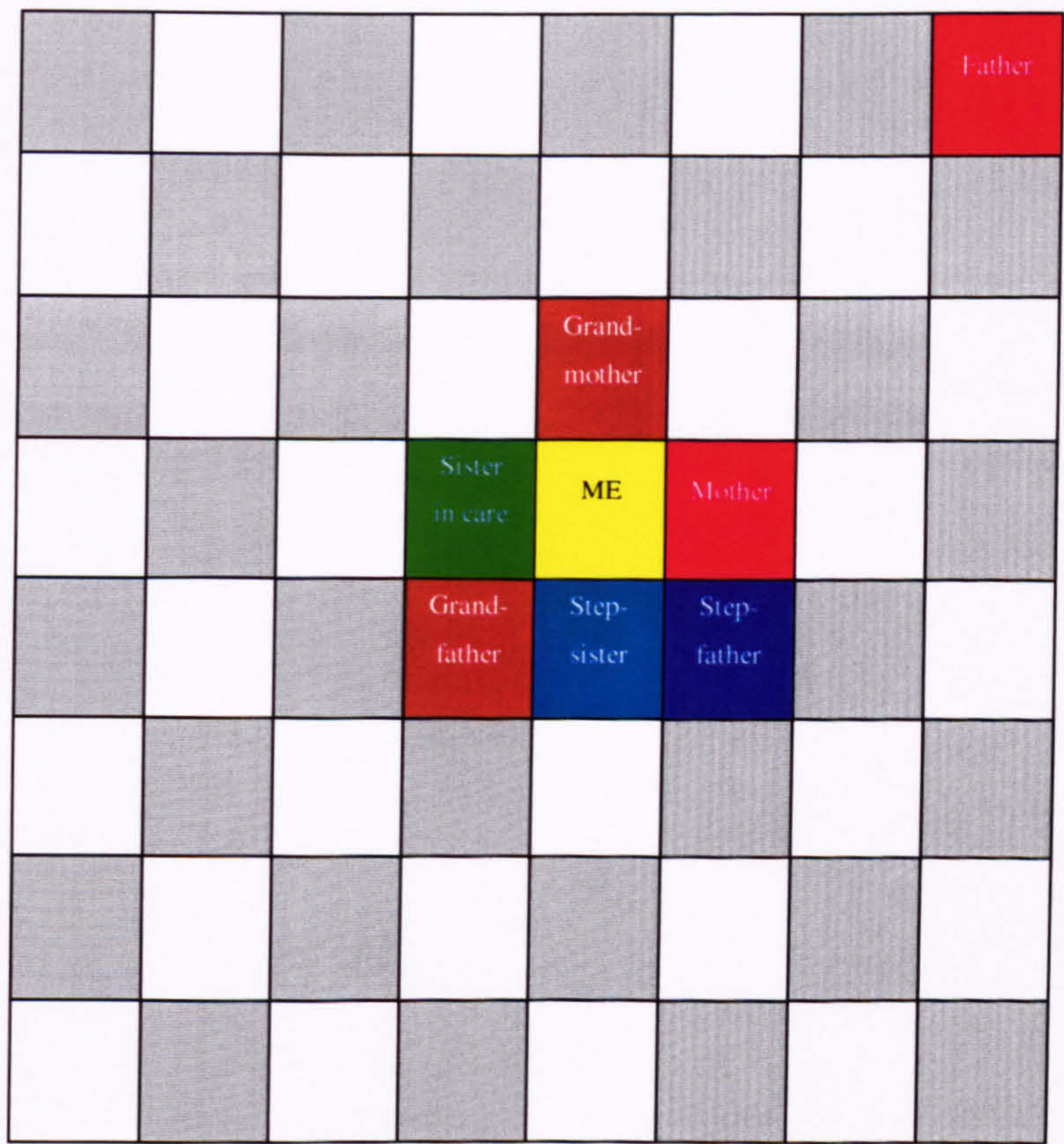
Case 12 Paula's family chessboard

Paula talked about not liking her mother, 'because she's been with a lot of men', and she had not visited her since she was placed in care. She said 'I don't like these two at all', pointing towards the corners of the board where she had placed her mother and her stepfather. By contrast, if the remarriage of one of the parents does not end contact, the child is usually willing to accept the step-parent and step-siblings, as illustrated by Adriana's situation (Case 13). Adriana, a 15-year-old girl who had been in care for 7 years, had lost contact with her biological father after her parents divorced, when she and her sister were placed in care. She no longer considered him to be close to her. She referred to her family as consisting of her mother, her



stepfather and her two sisters, one of whom is her baby stepsister. Her stepfather had taken her father's place, as the following remark illustrates:

I see my family almost every holiday – we go and stay either with our grandparents or with my mum. I get along very well with my stepfather – he's more like a real father to me, because my natural father abandoned us. Besides, my father used to drink a lot and make scandals ... but this one is a nice guy, and I have now an eight-month-old stepsister and she is so beautiful!



Case 13 Adriana's family chessboard

The case studies presented above suggest that closeness towards parents is highly dependent on the amount of contact teenagers in care have with their parents and, indirectly, on the amount of time they have spent in institutional care. Those who have spent longer periods of time in care have tended to lose contact with their



parents. In order to test these associations further, Chi-square analyses were performed in respect of reported closeness with mothers and fathers (dichotomised, owing to limited numbers, as 'close' and 'not close'); length of institutional placement (categorised as long, medium or short); and the presence and absence of contact with parents (differentiating between teenagers who were legally abandoned and those who have regular contact). Reported closeness to mothers was significantly associated with the duration of institutionalisation [ $\chi^2(2)=6.877$ ,  $p=.032$ ], in the sense that teenagers who had spent a relatively short time in care tended to feel closer to their mothers than those who had spent a medium or a long time in institutions. The association between mother-closeness and contact with family was also significant [ $\chi^2(1)=3.75$ ,  $p=.05$ ]: teenagers who had regular contact with their families tended to feel closer to their mothers than teenagers who had lost contact. However, none of the associations between father-closeness and duration of institutionalisation [ $\chi^2(2)=1.719$ ,  $p=.423$ ] or contact [ $\chi^2(1)=0.1$ ,  $p=.752$ ] was significant. This finding may be explained by the greater expectation that mothers will undertake childcare responsibilities in the family and within Romanian society generally. Parents are very important, but the closeness teenagers living in care felt towards their parents was strongly influenced by the amount of contact they had with them. Those young people who did not live on a day-to-day basis with their parents were less likely to regard their parents as actually providing care, and therefore their closeness to their parents was influenced by their parents' availability, as indicated by the amount of contact they had with them.

## **The Importance of Siblings**

As the research literature suggests (Dunn, 1984; Dunn and Kendrick, 1982; Dunn *et al.*, 1994a, b; Dunn and McGuire, 1992), siblings usually provide a variety of forms of support to each other: they may be important attachment figures providing a sense of security and they may be sources of emotional significance, even if often there is conflict. Sibling relationships may provide companionship or siblings may act as role models and even provide practical care (Kosonen, 1996a, b; Stocker, 1994; Stoneman, 2001).

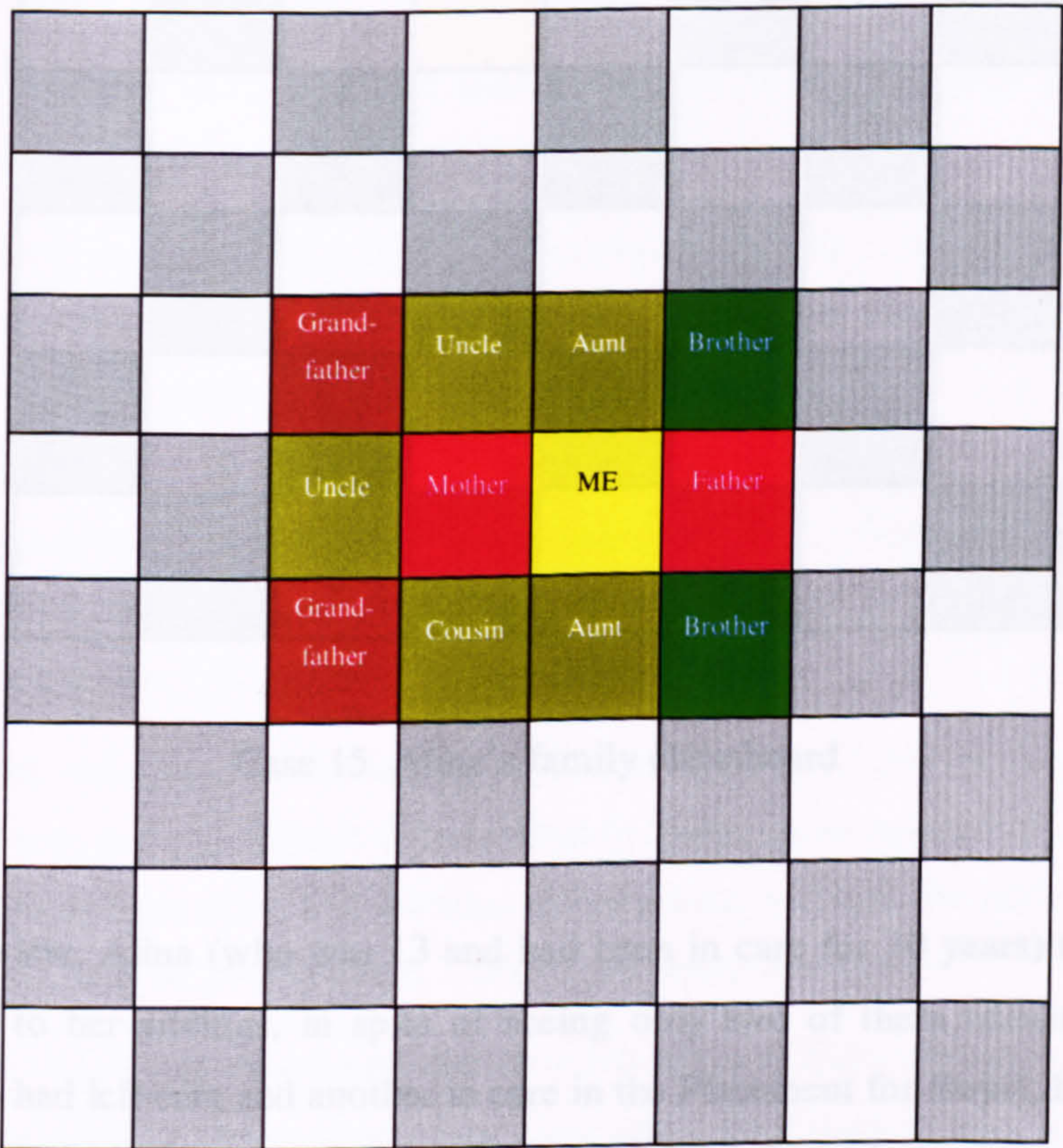
Teenagers living in care placed more siblings (on average 3) on the chessboards than those living with their families (on average 2), primarily because they come from



families with more children. However, the two groups did not differ significantly ( $U=297.00$ ,  $p=.102$ ) regarding reported closeness towards their siblings. (As was explained earlier, the sibling closeness scores were computed taking into account the number of siblings placed and so the result is not an artefact of the higher number of siblings placed by teenagers in care.)

In their accounts of their sibling relationships, the young people rarely articulated a sense of the security which siblings can provide for one another. However, their importance in young people’s lives was emphasised by their constant presence on the majority of chessboards. As Cristian, a 12-year-old boy living with his family (Case 14), pointed out:

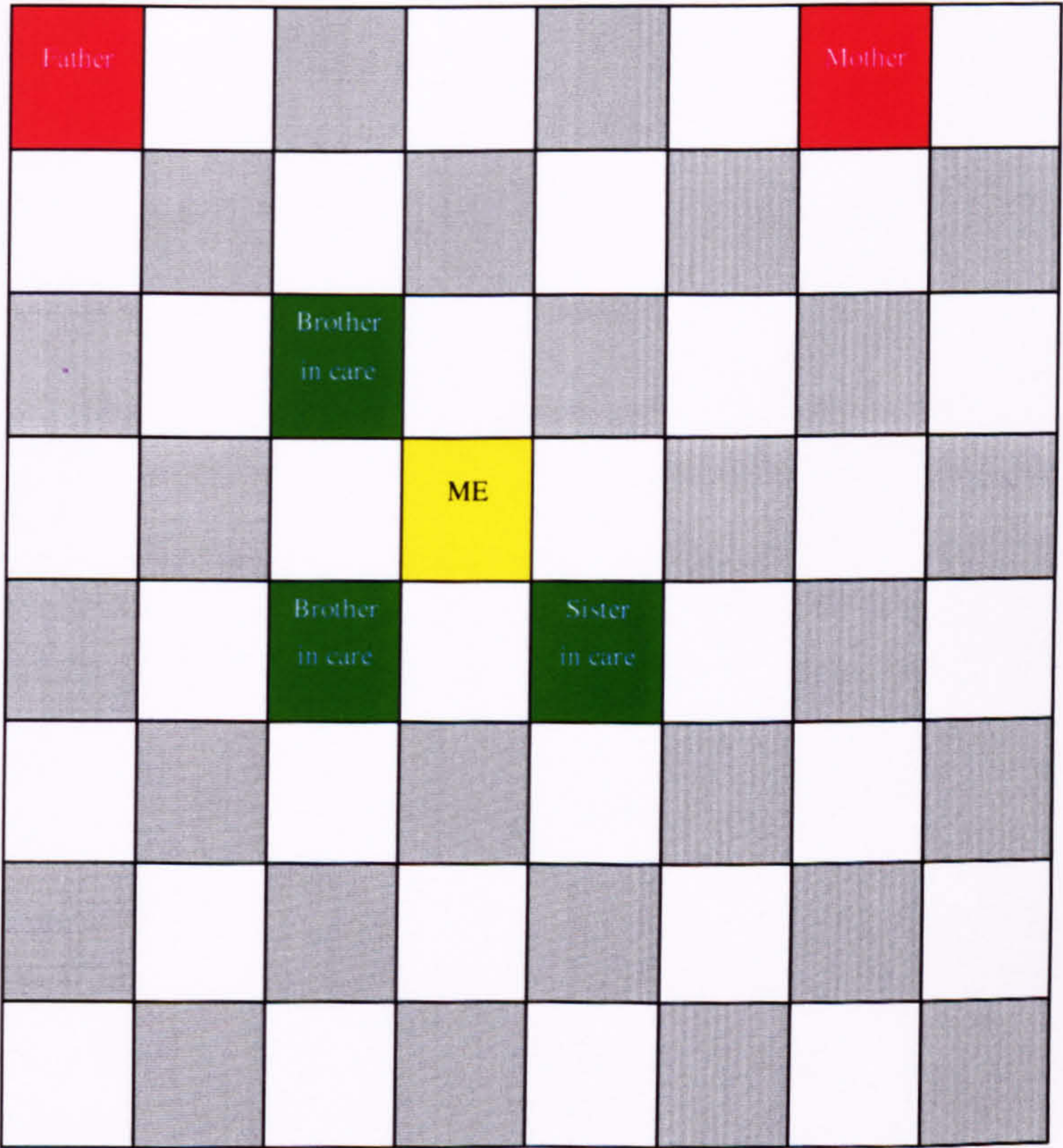
I cannot imagine living without my siblings! It is true that we argue sometimes ... or we are mean to each other, and then our parents have to intervene between us ... but, at the end of the day, we are brothers and that is all that matters.



Case 14 Cristian’s family chessboard



For teenagers living in care, who had been forcibly separated from their siblings when they were placed in care, siblings provided a sense of symbolic attachment and belonging, even if they rarely saw them. Moreover (as Case 15 illustrates), because the situation which led to the child being separated from the family usually affected all the children in that family, the siblings are often seen as forming a coalition against the parents.



Case 15 Alina’s family chessboard

In her interview, Alina (who was 13 and had been in care for 10 years) talked about being close to her siblings, in spite of seeing only two of them occasionally (one brother who had left care and another in care in the Placement for Boys), because they had shared feelings of ‘solidarity’, since they had been through the same experiences together and were legally abandoned:



I placed my siblings very close because we were all abandoned in children's homes. My older brother has left care and he comes to see me sometimes ... He takes me into town and gives me money ... He was not very good when he was in the Centre for Boys, but now he has sorted himself out ... he's got a job ... and he is always telling me to be good and to study hard, so I can get a good job.

The young people often described the support provided by their siblings in terms of their personal development. Older siblings helped younger siblings to develop various skills, which typically related to doing school homework:

My brother is good, he does not disturb me much ... and I take care of him, helping him with his homework ... and teaching him English. (Paul, 14, living with family)

Now that my younger sister is here with me I can take care of her, helping her with school and other things ... (Aura, 15, living in care)

Younger siblings, in turn, described how they were helped by older siblings, who provided them with role models:

I like my brothers [living in the same residential unit] ... they taught me how to paint ... if I have a question I go and ask them. (Aurel, 12, living in care)

My older brother – he is my favourite brother! We argue occasionally – because he treats me too much like 'the little sister' – but I forgive him because he sticks up for me when I disagree with my parents. (Giorgiana, 15, living with family)

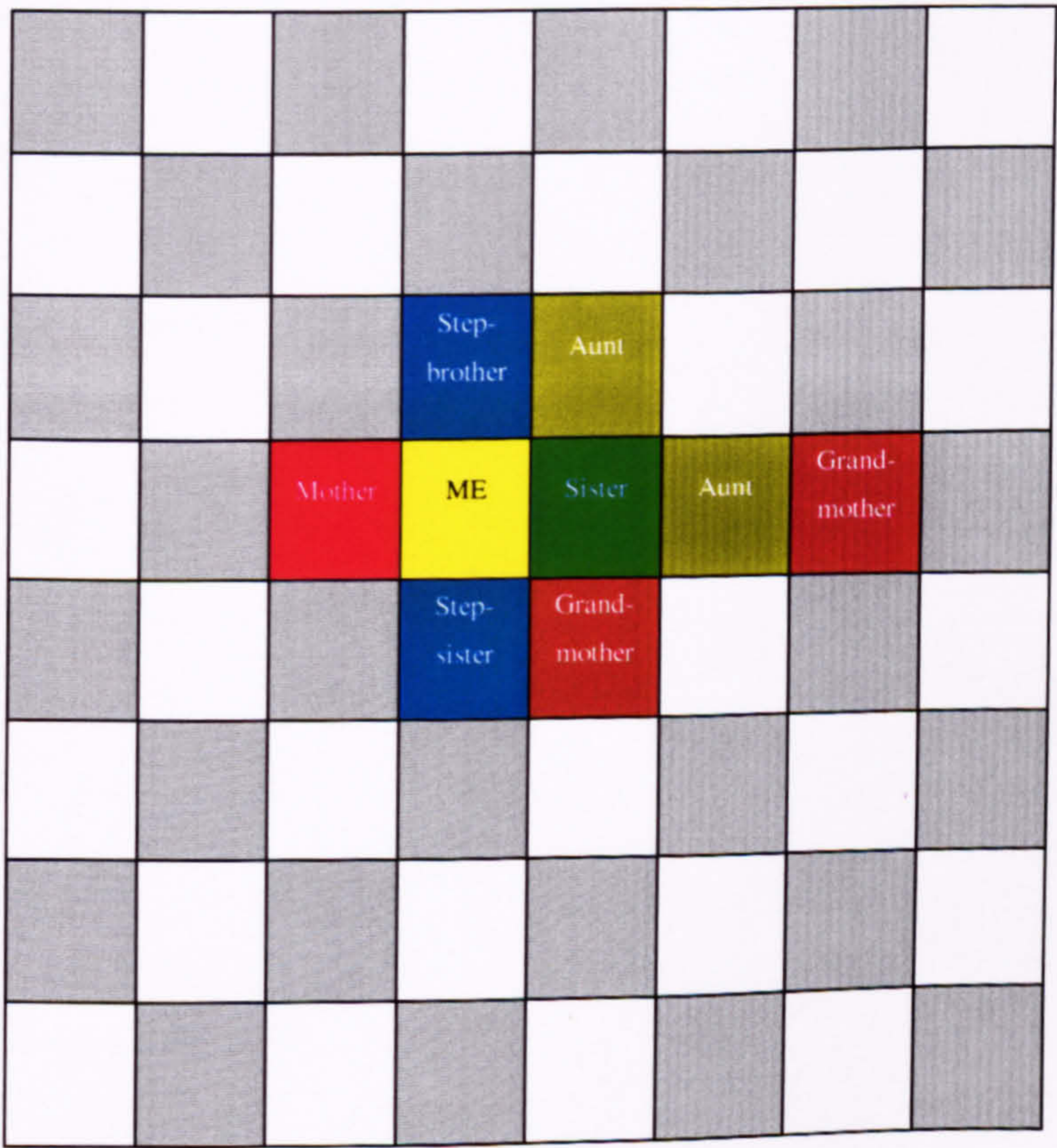
My older sister is very intelligent ... she reads a lot ... We are very close, and even though she now lives in Bucharest we speak on the phone every week, and she takes me on holiday with her. We talk a lot, about all sorts of things... (Maria, 16, living with family)

Teenagers living in care mentioned that they felt close to older siblings who had left care, even though they had not been very close while they were in care, sometimes in the same units. Alina mentions above that her brother, who had left care at 18, visited her regularly, providing her with support and encouragement. Roza (Case 16)



described a similar situation, and she became very close to her sister after she left care:

My sister has been here in the Centre with me, but then we were not very close; I had other girl friends, she had other friends ... But now, she lives with her boyfriend and I go and visit her every time I go home. We can talk about everything! She gives me advice, listens to me ... (Roza, 16, living in care for 9 years)



Case 16: Roza’s family chessboard

The way in which the young people talked about their siblings suggests they have considerable emotional significance, in terms of both positive and negative interaction. Teenagers living in care and with their families described sibling rivalry and quarrelling as part of ‘normal’ sibling relations. The placing of siblings in close positions did not mean that there was no conflict between them:



I don't like my sisters... they shout at me all the time ... And we argue because they are older than me and they never listen to me ... just because I am younger. (Nicoleta, 12 years old, living in care)

We argue very badly sometimes ... but then I feel so sorry ... after all, she is my sister! (Pavel, 14 years old, living with family)

Only two young people rejected their siblings, and this was usually done on grounds of 'bad behaviour'. Elena (Case 17) rejected her sister, who left care after having been in the same residential unit for 8 years, because of her promiscuous behaviour. Just as they do when parents behave badly, young people distance themselves from siblings who behave badly. Elena (aged 14) exclaimed:

I wish she were not my sister, because she has done so many stupid things! That is why she was expelled from the Centre ... she used to go with men ... I don't want to talk about her!

	Cousin	Cousin	Cousin	Mother (Dec)			
		Uncle	ME	Grand- father			
			Aunt	Grand- mother			
Sister left care							

Case 17 Elena's family chessboard



Step-siblings were placed on the chessboards by four teenagers, and were seen by Ana-Maria, Adriana and Roza (Cases 5, 13 and 16 above) as being close, even when the step-parent was not. Roza remarked:

I love my younger siblings even though we are only half siblings ... they are little, they don't know these things. But I don't get along at all with my stepfather ... he argues with mum because of me when I go home.

Young people's ties with their siblings emerged as strong. When family life breaks down, as had happened with the teenagers living in care, siblings come to represent a symbolic source of family connectedness. When parents had failed to care for them, young people in care invested in their relationships with their siblings, ensuring a link with the original family. Teenagers were usually inclusive in their approach towards siblings, some of them including step-siblings on their chessboards. Siblings often acted as role models and as a source of emotional warmth. Even when some sibling relationships were marked by conflict, the siblings often turned to each other for support, as previous studies have illustrated (Anderson *et al.*, 2000; Dunn and Kendrick, 1982).

### **The Importance of Grandparents and Other Relatives**

Most young people included a range of kin beyond the nuclear family unit, importantly their grandparents and other relatives, among those they considered important (Anderson *et al.*, 2000). The inclusion of grandparents and relatives as part of the young people's everyday world was evidenced by the family chessboards: the great majority of teenagers living in care (32/40) and those living with their families (20/20) created extended family configurations which mostly included grandparents. The main reasons teenagers gave for excluding grandparents from their chessboards were either that their grandparents were dead or that they had no contact with them (owing to family fragmentation).

Extended families are considered important in 'traditional' Romanian culture, so it is not surprising that most teenagers living with their families reported frequent contact with their grandparents and relatives, whether they were living together (grandparent(s) often live within the same household), close by or further away. They also reported frequent contact with relatives of their parents' generation – aunts and



uncles – and even greater contact with cousins of their own generation. Consequently, teenagers living with their families placed, on average, three to four relatives on their chessboards, compared to, on average, only two placed by teenagers living in care. This is not surprising, since the loss of family contact and ties owing to institutional placement means that teenagers living in care restrict the circle of family relatives seen as significant.

Grandmothers were by far the most significant relatives. More than half (24/40) of the teenagers in care, and almost all the teenagers living with their families (19/20), placed grandmothers on their family chessboards, usually in the close or very close positions. Grandfathers were also considered to be important in young people's lives, but because fewer teenagers had grandfathers who were alive only around half of them placed them on chessboards. For teenagers living with their families the grandmother, particularly when she lives with them, is usually a much-appreciated relative as she is likely to have cared for her grandchildren. In return, some teenagers felt that it was now their turn to assume a caring role towards their grandmothers:

I am very close to my grandmother and I spend a great part of my life with her because she used to take care of me when I was younger and my mum went back to work. I go almost every week to see her and spend time with her and help her around the house.  
(Paul, 14, living with family)

I get along well with my grandmother – she is the only grandparent I have now, as the others have died. I spend time with her during my school holidays when I go and stay with her in the village and help her around the house because she is old now and she has nobody with her. (Giorgiana, 13, living with family)

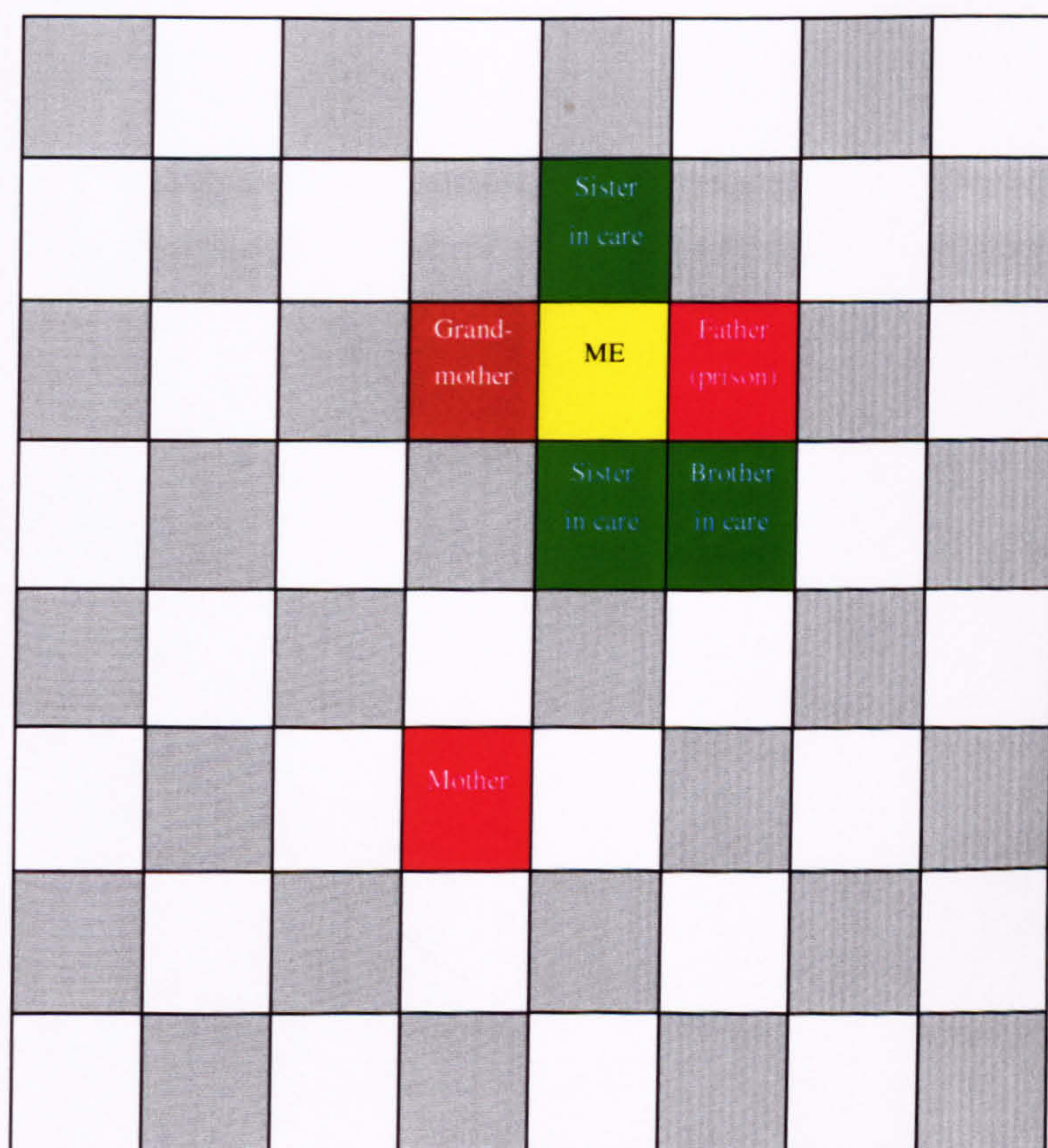
Moreover, grandparents continue to provide young people with symbolic psychological comfort even beyond their being alive, and Dan, a 16-year-old boy living with his family (Case 20), talked about treasured memories of his deceased grandmother:

I still feel close to my grandmother, even though she died eight years ago ... I remember everything about her. I love her very much – as much as I love my parents. She brought me up until I was about 7, while my mum was working. I have beautiful memories of her ...



she used to tell me stories ... she took me to the church for the first time ... I have lots of memories of her.

For teenagers living in care, grandparents often played a parental role during family crises, and in some cases they continued to do so, maintaining contact with their grandchildren when parents failed to do so. Flaviu, a 12-year-old boy living in care, talked about his grandmother as being 'more important' than his mother, who abandoned him and remarried while his father was in prison. The grandmother took care of him and his siblings, and now she visits them regularly (Case 18) although Flaviu has been in care for 7 years and is legally abandoned.

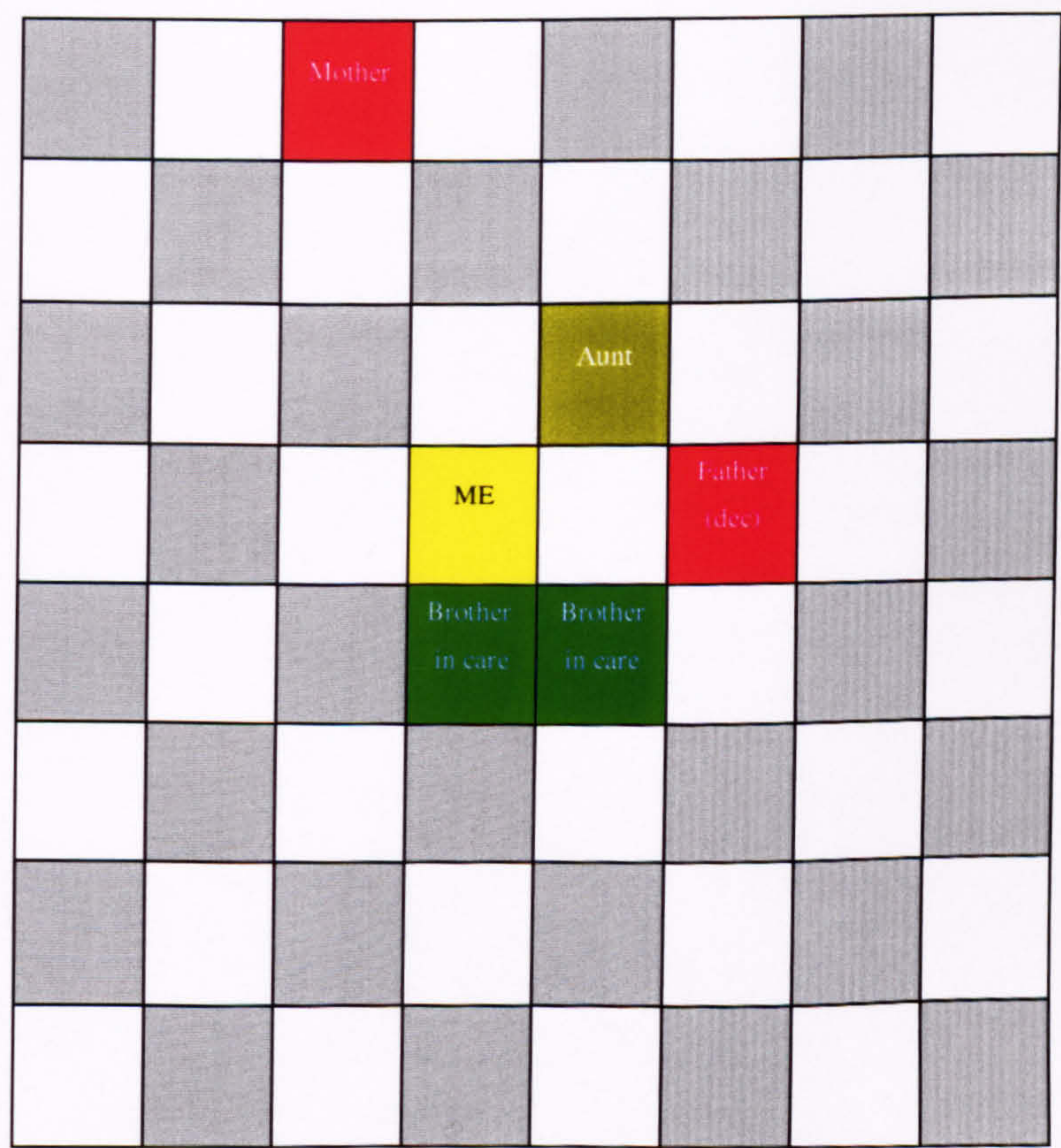


Case 18 Flaviu's family chessboard

Reported closeness to grandmothers did not differ significantly for teenagers living in families and those living in care ( $U=292.00$ ,  $p=.068$ ), confirming the importance attached to them by both groups.



Most teenagers living in families (15/20) placed other relatives (uncles, aunts and cousins) on their chessboards, as against only half of the teenagers living in care. However, the two groups did not differ significantly in terms of perceived closeness towards other relatives ( $U=334.00$ ,  $p=.256$ ). Teenagers in care reported feeling particularly close to their relatives, who adopted caring roles when their parents were unavailable. Aurel, a 13-year-old boy living in care (Case 19), talked about his aunt as being ‘like a mother’ because she had taken him and his brothers to live with her after his father had died.



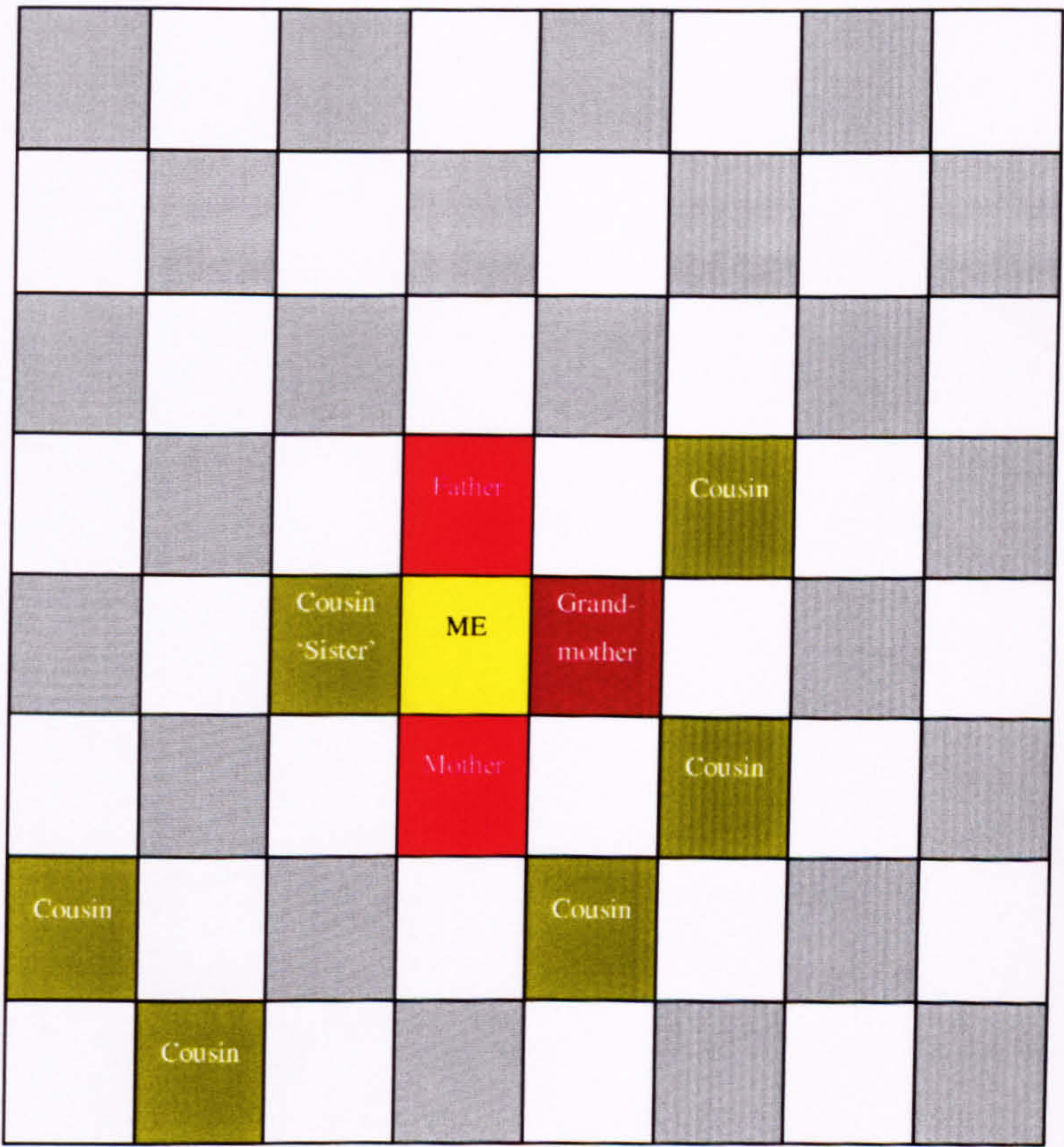
Case 19 Aurel’s family chessboard

Teenagers living in families also reported considerable closeness to grandparents. For example, the grandparents adopted caring roles during their childhood, but rather than replacing parents, these grandparents supplemented them. Teenagers living with their families tended to replace siblings (in the case of only children) with other relatives,



such as cousins. This is exemplified by Dan, a 16-year-old boy living with his family, who felt particularly close to his cousin (Case 20). Dan talked about his cousin as being ‘like a sister to me’:

I don’t have siblings but I have a cousin, Daniela, whom I am most close to. We used to be like brother and sister when we were younger; she used to help me with school, we played together ... Now she lives in Italy and she is married but still we keep in regular contact by letter and talking on the phone. I miss her ... I can’t wait to be 18, so I can get my passport and go to visit her.



Case 20 Dan’s family chessboard

Grandparents and other relatives are important to teenagers for many reasons and in several ways, especially when they care for children during childhood, and cousins can become ‘like siblings’ or supplement them. Grandparents provide young people



with a sense of belonging, particularly in respect of teenagers living in care. Grandmothers were depicted as kind and supportive figures, and the young people were often concerned about and helpful towards grandparents.

### **Significant Others**

Until recently, there has been little research focusing on the full range of people whom children consider to be important to them. Children include a wide spread of significant others, including kin within and beyond the nuclear family unit, and also friends, pets, or 'formal others' such as teachers, family doctors, etc. Moreover, children's inclusion of a range of significant others constitutes a common feature of their lives (Brannen *et al.*, 2000). In the present samples, only teenagers living in care placed significant adult figures outside their families on family chessboards (6 cases out of 40 teenagers). This is partly explained by the fact that the focus of the study was on family connectedness and the instruction given to subjects referred specifically to family members. In this context, the presence of significant adult figures other than family members is of particular importance. All the teenagers living in care who placed adult 'others' on the boards came from particularly dysfunctional families, so that natural parents were rejected because there had been no contact over long periods of time, as in Ramona's case (Case 7, above), or when both natural parents were unknown. This was the situation for Carol, who had been abandoned at birth (Case 21). Carol is a 12-year-old boy who had lived his entire life in childcare institutions, being abandoned by his mother in the hospital where he was born. He placed first 'Tanti Sia' and her family on the chessboard, whom he described as follows:

I met Tanti Sia when I was in the hospital. She used to work in the hospital where I was born ... and my mum abandoned me there ... the people from the hospital told me this. And Tanti Sia was a nurse and she took care of me ... and took me to stay with her in holidays. Nenea Nelu is her husband and Calin and Ioana are her children, and I stay with them sometimes in holidays when they take me. Calin drives me in his BMW and Ioana plays with me.



		Educa- tor (M)					
Mother (unkn)		Educa- tor (F)	Calin	Educa- tor (M)	Ioana		
		Educa- tor (F)	ME	Tanti Sia	Nenea Nelu		
		Educa- tor (M)	Friend	Educa- tor (F)	Friend		
				Educa- tor (F)			
Father (unkn)							

Case 21 Carol's family chessboard

Carol also placed his natural parents on the chessboard although he knows nothing about them. When asked whether 'Tanti Sia' was like a mother to him, he replied:

She is more than a mother! ... I mean ... she takes care of me.

When asked whether he regarded the educators he had placed on the chessboard as being part of his family, Carol exhibited a very clear idea regarding the formal definition of family:

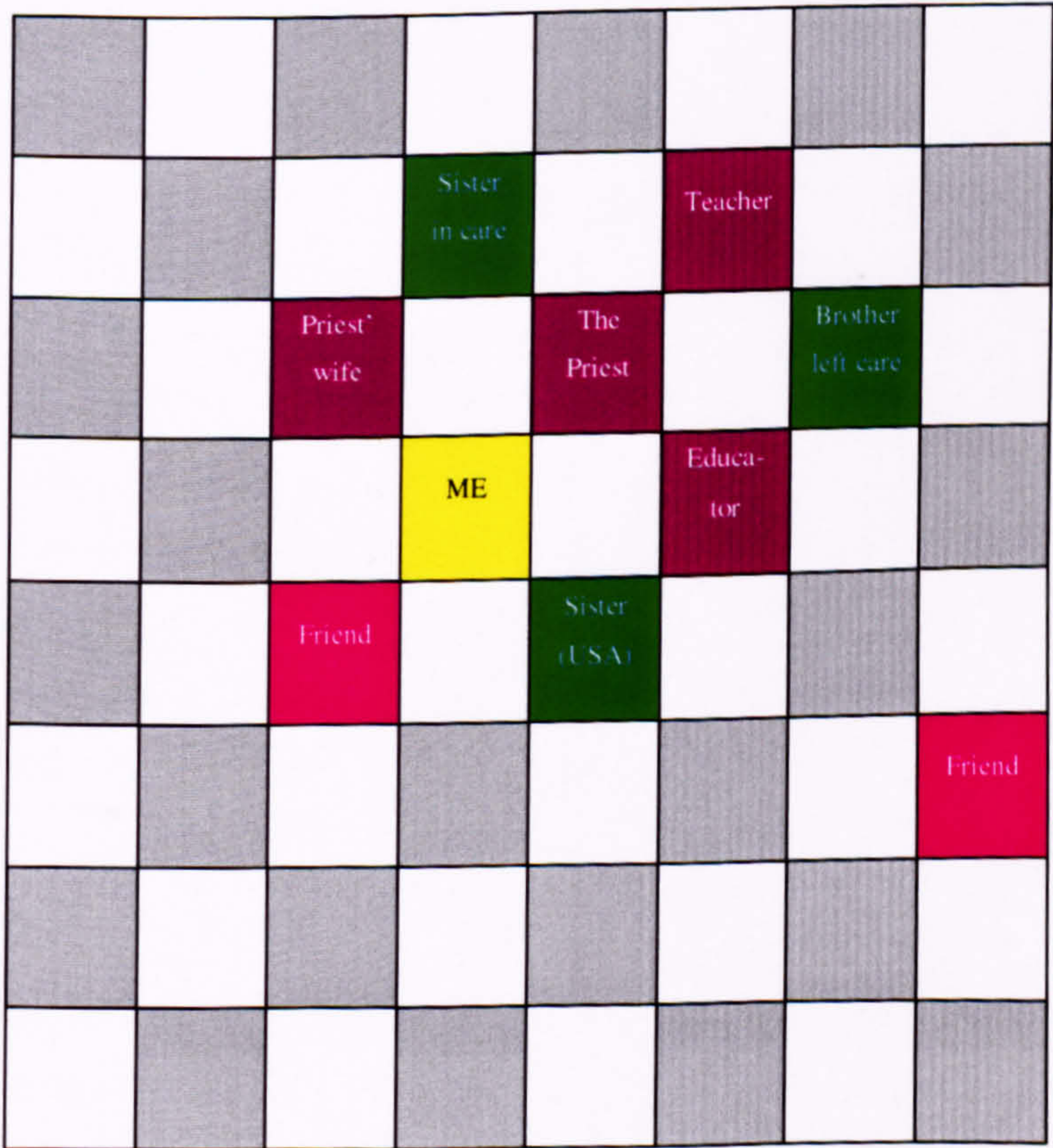
No, *they are not family* – they are educators that are nice to me. I put them here because *they behave like a family* ... For example, Mr Adrian [educator] took me home with him and I played with his son on his computer ... All these people are kind to me ... [emphasis added]

A similar justification for the inclusion of other adults was given by Monica, a 15-year-old girl who had lived in childcare institutions since she was five and was legally



abandoned. She omitted both her biological parents, but included other significant adults as well as peers (Case 22). In the interview, Monica introduced her family as consisting of ‘two sisters, one brother and four people that I love the most: my educator, my teacher, the priest and the priest’s wife’. She explained that she feels close to these people ‘because they are nice to me, they teach me good things’. Monica refused to talk about her parents, telling the researcher that she does not like to be asked about them. According to her institutional record, her mother had abandoned the family when Monica was about 4, and consequently her father put her and her siblings into care and had lost contact with them soon after. She talked about her siblings (all of whom were in care) as being close, especially her sister Olga, who had been living in the same residential unit until two years ago, when she had been adopted by an American family:

I miss my sister who is in America ... She wrote to me ... that she misses me, too, and that she would like to come and see me ... but I don’t know when ...



Case 22 Monica’s family chessboard



The significant adult figures to whom teenagers living in care attached importance were, not surprisingly, their educators or teachers, or other 'nice' people who had behaved in a kind, caring way towards them at some point in their lives. The young people commended caring behaviour, so that such people were considered as 'behaving like family' when their own families had failed to do so.

### *The importance of friends and peers within the family context*

As other studies (Deater-Deckard, 2002; Fordham and Stevenson-Hinde, 1999; Markiewicz *et al.*, 2001) have shown, friends make a central contribution to children's well-being. In this study, the importance and positioning of friends on family chessboards was assessed in the context of a study of family life and consideration of the importance of a wide range of family-related people.

In the case studies, there was considerable variations in the ways in which friends were placed on family chessboards: half the teenagers living with their families placed between one and three friends there, but only about an eighth of teenagers living in care did so. However, the two groups did not differ significantly in terms of their perceived closeness to their friends, since all the friends placed on family chessboards were placed in the very close or close positions. Of more significance are the reasons young people offered for placing friends on the family chessboards. Teenagers living in care (e.g. Carol and Monica) included friends, usually from among the other children living in the same residential unit, as a way of compensating for the absence of siblings. Until recently, even within the same residential unit, siblings were not given priority in bedroom allocation, so in terms of practical interactions siblingship yielded in importance to friendship. For example, Monica (Case 22 presented above) placed a 'very close girlfriend' with whom she shared a bedroom in the same residential unit:

I am close to my friend because we share the same bedroom and we stick up for each other.

However, like those with siblings, peer relationships, whether positive or negative, are part of everyday existence. Monica also placed 'a girl who lives here in the Centre, who annoys me very much' on the family chessboard as a negative peer contact.



Half of the teenagers living with their families included their friends. Like the teenagers in care, teenagers living with their families did so in order to compensate for the lack of available siblings (as in Camelia’s case, when the friend was represented as compensating for her older siblings who were living independently), or simply as a way for only children, such as Razvan, to have a kind of sibling relationship. Razvan, a 12-year-old boy living with his family (Case 23), talked about being very close to his parents, but said that he regretted not having any siblings. He saw his friends (two boys and one girl) as part of his family:

Yes, they [the friends] are part of my family because I care a lot about them ... we get along very well and we help each other.

	Grand-father			Grand-father	Uncle	Cousin	
Uncle	Uncle	Father	Mother			Cousin	
	Grand-mother		ME	Grand-mother	Aunt		
		Friend (male)		Friend (male)			
			Friend (fem)				

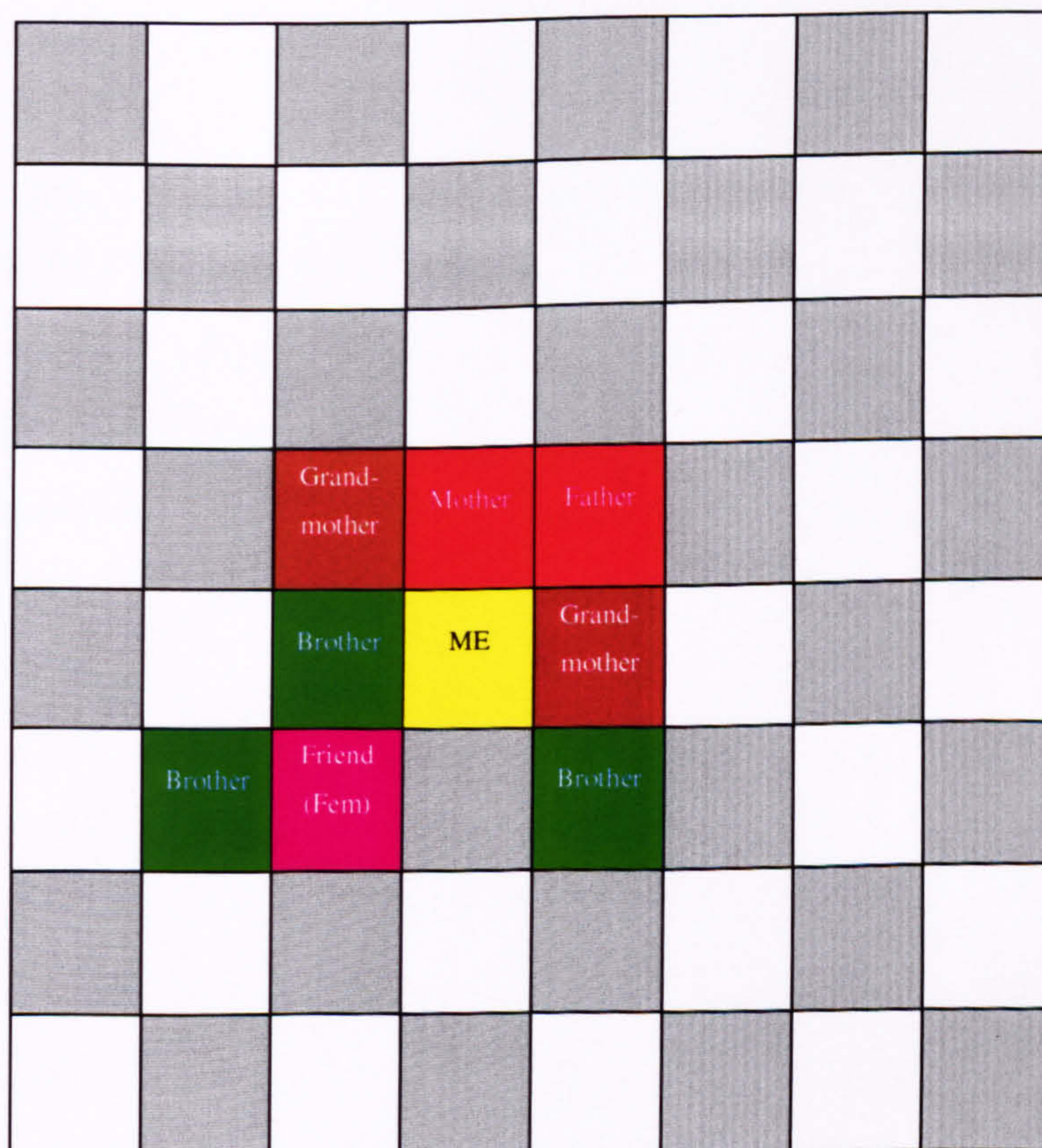
Case 23 Razvan’s family chessboard

As research suggests (Harris, 1998), friendships are strongly gendered: girls’ friendships have been reported as being more intensive, while boys are more



extensive. The limited scope of the present study did not allow this trend to be tested, but it was noted from the case studies that more girls tended to include their girlfriends in the family chessboards, often supplementing already existing siblings. For example, Giorgia (Case 24) said that she had close relationships with her three brothers, but she included her girlfriend because she wished she had a sister:

I love my brothers and we get along very well. But being the only girl in the family I wish I had a sister. That is why I placed my best friend here: I consider her as my sister. We are very close.  
(Giorgia, aged 13, living with family)



Case 24 Giorgia's family chessboard

Usually when friends were included on the family chessboards the young people made a clear distinction between them and family members, as Claudiu, a 13-year-old living with his family, explained:



I placed my friend not as close as my parents and siblings because family is always there, friends aren't.

### **Young people's satisfaction with their families**

The young people were asked about the things which made them feel part of a family. Not surprisingly, their responses to this question were influenced by their family experiences, and therefore the answers teenagers living in care and those living with their families gave differed significantly.

The great majority of teenagers living with their families talked about their parents' 'love', 'care' and 'understanding' as being the most important factors:

I care about my family and that is what makes us close. (Camelia, case 8)

First of all because all of them [her family] understand me ... And I believe they love me. (Stefania, case 3)

The way they [his family] care about me ... being kind to each other, these make me feel part of my family. (Cristian, case 14)

They also referred to the 'permanence' of their families since their birth, and to being involved in shared activities:

I've been with them ever since I can remember ... I don't know ... everything links us together! (Razvan, case 23)

The things that we do together ... the normal things that a family does, living together, supporting each other. (Claudiu, case 25)

Some young people living with their families see a reciprocity in being loved and cared for by their parents, and are happy to assume a caring role now and in the future:

I care about my parents and I am part of all the things we do together as a family. And I try to help them – especially my parents as they grow old, to be their support as they have been for me. (Dan, case 20)

By contrast, teenagers living in care rarely mentioned being cared for; instead, they talked about 'being born' into a family and said that (e.g.) 'the birth certificate is what



links me with them'. Undoubtedly, their being looked after in institutions constrained and limited their sense of being part of their family:

My family is good ... But I don't know them very well ... because I don't live with them. (Florin, case 2)

Even though the great majority described their families as being 'good families' and said that they 'get along well with each other', their feelings of belonging seemed to be dependent on the amount of contact their families maintain with them:

I would feel part of my family if they would come and visit me here. Because now it is like I am not part of the family, nobody comes to see me ... I am left alone here every single holiday. (Elena, case 17)

I feel sorry for my family ... I am sad that they don't come to see me. (Tudor, case 11)

While most of the young people were happy to talk about themselves, their school and their interests, some of them were very sensitive about their family situation. One young girl was open about her pain when the issue of family was brought into the discussion:

I don't like talking about my family ... To me, family is not a nice thing. (Monica, case 22)

In interviews, young people's satisfaction with their family was explored through indirect questions, such as 'Would you like to have another family?', 'What would that family be like?', and 'What would you like to change about your family?' The overwhelming majority of teenagers living with their families did not want to have any other family, and they did not want to change anything about their families. The majority of teenagers living in care also did not want to have another family, but they did mention things that they would like to change. A few of the changes that they wished for related to the particular situations which had led to them living apart from their families, such as 'I wish my family would be rich' or 'I wish my parents had not divorced'. However, the majority wanted 'the same people to behave differently'. Some of them wanted to change their parents' behaviour, referring specifically to issues concerning contact and to parental care:



I would like to change my parents ... so they will not be so selfish ... Because they had us and then they put us in care and didn't want to care about us ... I would like to have kind, loving parents ... to listen to me when I have problems. (Paula, case 12)

I would like to change the way my parents behave ... so they would be nicer to me ... (Loredana, case 6)

I would like my mum to come and see me ... she used to come and see me when I was little, but not now ... not any more ... like she is not my mother any more ... (Aurel, case 19)

### ***The meaning and importance of family***

The present study has sought to offer an account of teenagers' perspectives on their families and the way in which they perceived themselves as close or not close to particular family members. Teenagers' representations of their families suggest that care provided on a consistent basis is the most important. Teenagers living in care felt strongly about the lack of interest shown by some of their parents, who ceased to maintain even minimal contact with them, and in turn, they had 'rejected' or 'replaced' these parents. Most children had inclusive notions of family that were based on an assumption about how parents 'ought to behave' towards their children, and included in their representations 'nice people who behave like family' or grandparents and other relatives who performed caring roles in their lives. Nevertheless, teenagers considered parents to be very important to them (often including them on their family chessboards even if they did not know them or if they were deceased or absent for long periods of time) and their expectations of them were high: they tended to distance themselves from parents who 'behave badly' and consequently did not feel connected to them. Siblings also played an important role in teenagers' lives. For those whose family lives were broken, siblings constituted an especially important source of symbolic attachment. However, as they did with parents, teenagers responded to their siblings who were behaving badly by distancing themselves. Grandmothers emerged as significant figures in both symbolic and practical ways (providing care when children were young or when parents were not available). Teenagers in care included among their family members a number of their institutional caregivers, but mostly as compensation for the lack of contact they had with their parents. The significance of friends was marked in the group of teenagers



living with their families, and these were often placed in the sibling position for 'only children', or else supplemented siblings who were older and living independently.

Unfortunately, the limited scope of the present study did not allow testing of the hypothesis that greater family connectedness facilitates better adjustment in teenagers (Owusu-Bempah and Howitt, 1997, 2000). However, the importance attached to families by teenagers in both groups represents an important premise. So far as teenagers living in care are concerned, it indicates that greater involvement by parents should be strongly encouraged in most situations, and that teenagers do accept parent-substitute figures when birth parents fail to maintain contact and provide care.



## Chapter 10

### Lessons from the Romanian Experience

This final chapter aims to highlight the key issues emerging from the present research, identify areas which can benefit from further research, and make recommendations for policy and practice.

The central focus of this research was on providing greater insight in respect of the developmental adjustment of adolescents growing up in childcare institutions in Romania. In the early 1990s, mention of Romania became almost synonymous with mention of 'orphan children' and 'orphanages'. The fall of the Ceauşescu regime in 1989 drew the attention of Western media to the plight of babies and young children raised in poor-quality Romanian 'orphanages'. Over the last fifty years, numerous studies have documented the fact that children growing up in institutions often demonstrate delays in physical, emotional, social and cognitive development. However, the same sets of findings indicate considerable heterogeneity: although there is consistent evidence of children in institutional care displaying a higher rate of psychological problems, it is clear from the studies that some are functioning well in all domains. The negative findings were followed, in many countries, by a marked reduction in the use of children's residential care institutions, especially in respect of the early years of life, and alternative care options (foster placement or adoption) were encouraged for children. Nevertheless, the practice of 'institutional child rearing' has continued to exist in many countries, especially in those such as Romania which are (financially) less able to provide the more desirable alternative of allowing children to be raised in families.

This research has provided an overall analysis of the wider framework of Romanian childcare. The review of family and child policies during the Communist era identified the factors which determined Romania's over-reliance on institutional childcare. These included the forced pro-natalist policy practised since 1966, which was not supported by adequate family and child protection measures, and a steady worsening of living standards during the late 1970s and 1980s, which ran in tandem with the pro-natalist policy. In accordance with the collectivist ideology, which was at



the heart of Communist values, a large-scale institutional childcare system was set up for 'children in difficulty', functioning separately for different categories of children.

Following media 'whistle-blowing', a large number of Romanian 'orphans' were adopted abroad by foreign families, following both legal and non-legal procedures. As political change opened windows on the rest of the world, Western help was offered to improve and reform the childcare system in Romania. However, numerous difficulties inhibited major changes, and despite generous (financial) aid at an international as well as at a European level, a decade after the fall of Communism Romania is still fighting the 'institutionalised children crisis', having undertaken repeated failed reforms of the childcare system. Moreover, since its application for EU membership in 1995, Romania has constantly been requested to deal with the problem of 'institutionalised children' as a matter of priority. Apart from the internal and international political implications of this issue, there are concerns about the negative impact of institutional rearing upon child development.

Interest in the topic of 'institutional deprivation and child rearing' was revived in the 1990s via the opportunities that existed to study children who grew up in impoverished institutions in Romania and who were subsequently adopted by foreign couples after the fall of the Communist regime. Studies conducted in the main receiving countries (the UK, the USA, Canada) have found that most of the children exhibited medical problems and cognitive delays when they arrived in their adoptive homes, although these were fewer for those who had spent less time in institutions before being adopted. The physical and cognitive development of the Romanian adoptees improved dramatically after adoption, but those who had spent a longer time in institutions did less well. These studies brought new insights regarding the causes of the higher rate of psychological disturbance in institutionally-raised children: even though the duration of the privation was one of the strongest predictors of children's outcomes, the findings led to the conclusion that there must be other factors involved besides prolonged, severe privation. However, as was highlighted in Chapter 4, the studies on Romanian children adopted abroad display certain limitations. From the point of view of examining the effects of adoption on subsequent child development, the ideal comparison group would have been the children who remained in Romanian orphanages and who were not adopted, but none of the studies of Romanian adoptees included such a comparison group. Isolated attempts were made to study children still



living in institutions in Romania (Kaler and Freeman, 1994; Smyke *et al.*, 2002; Zeanah *et al.*, 2002), but they focused only on small groups of infants (i.e. 25 up to a maximum of 50). Moreover, the research on Romanian orphans adopted abroad is almost entirely premised on the assumption of 'severe global early privation' (Kreppner *et al.*, 1999; O'Connor *et al.*, 1999; Rutter *et al.*, 1998) as shown in Western media presentations of Romanian childcare institutions in the early 1990s as well as in the witness testimonies of foreign charity workers and prospective foreign adoptive parents. These testimonies were subject to personal and cultural biases, and moreover it is acknowledged now that Romanian childcare institutions in the early 1990s varied greatly in quality and that they were mirroring the general poverty within the local community (Groza *et al.*, 1999). It is now accepted also that a significant number of international adoptions from Romania in the early 1990s involved children taken directly from poor families rather than from institutions, and therefore the assumption of 'severe privation' does not necessary apply to all the children. Studies of Romanian children adopted abroad that distinguish between those children adopted from families and those adopted from institutions indicate that some children who had not lived in an institution also exhibited significant problems, suggesting that the presumption of 'severe global privation' needs to be reconsidered. Since most of the research has focused primarily on young children, the findings cannot be generalised to children adopted from Romania during their school-age years or when they were older (although some studies include some older children, their numbers were small).

In order to address some of these issues, this research has focused on the developmental adjustment (attachment to adult figures and peers, behavioural and emotional difficulties, level of intellectual development, school performance and family connectedness) of 100 teenagers growing up in state childcare institutions in Romania. They were compared with a further sample of 100 teenagers of similar age and gender distribution who were growing up with both their parents, and were attending the same schools as the teenagers living in institutions. The outcomes were assessed by means of both quantitative (normative tests and questionnaires) and qualitative (interviews) methods, which were outlined in detail in Chapter 5.

The teenagers in institutional care were recruited from two school-age childcare institutions. The data provided a very valuable overview of how care in these



childcare institutions is both delivered and experienced. This ensured an integrated approach to understanding residential childcare provision in Romania. This type of childcare institution (the former 'School-age Children's Homes') forms part of the public services run by the local County Councils and provides full-time, long-term care for children deprived of parental care. These facilities cater for 'normal' children (i.e. those without physical or mental health problems) of school age (7 to 18) who are housed and cared for in institutions but are attending local community schools. The institutions were in different localities, within the same county, but were identical in structure and organisation. Staff mobility is relatively low, and efforts are made to ensure continuity of care staff during the time spent by a particular child/teenager in the institution. Living conditions in the institutions are viewed positively both by staff and by the young people themselves, and education was seen as a priority aim of the childcare process. The present study has highlighted the inadequacy and the lack of planning for children who enter institutional care in Romania.

The young people living in care displayed considerable heterogeneity in their experiences both before and after admission into residential care:

- Just under a quarter of them had spent almost all their lives in institutions (on average 12 years), being admitted into institutional care in infancy (before the age of 3) and then transferred into age-appropriate institutions; approximately a third of them had spent on average 8 years in institutional care, having been admitted between the ages of 3 and 6; and almost half of them had spent around four years in institutional care, entering the current care institution after the age of 7.
- Almost half had had no contact with their families in the previous two years (and had therefore been declared 'legally abandoned'); however, over a third of teenagers living in care maintained frequent contact with their parents, usually spending the school holidays with their families.
- Over a third of young people living in care had at least one sibling (up to three) living in the same residential unit whereas almost half did not, and the rest were only children.

The results of the comparative study of teenagers growing up in childcare institutions and in two-parent families show:



- Teenagers living in institutions report a lower quality of attachment to their attachment figures and peers than teenagers living with their families, but they do not differ significantly as regards levels of attachment security towards both adult figures and peers.
- Teenagers living in institutions display significantly more conduct and peer problems and less pro-social behaviour (in both informant and self-report) than teenagers living with their families; however, there are no significant differences in levels of reported hyperactivity or emotional symptoms.
- The behavioural patterns that emerged from the present data as strongly associated with institutional rearing (by their prevalence in the borderline/clinical range) are higher levels of conduct problems and less pro-social behaviour, as well as more self-reported peer problems, patterns which are different from those suggested by recent research on Romanian children adopted abroad.
- The overall intellectual development of teenagers living in institutions is slightly below the expected average for the Romanian teenage population, and their school performance was rated as lower than that of the control group.

The outcome variables have been further examined in relation to potential mediating variables (assessed from the teenagers' institutional records), such as: type of family experience prior to admission (categorised as relatively stable, disrupted-conflictual, and none) and the presence or absence of parental mental disorder and criminality; age at first admission into institutional care and duration of institutional placement; and amount of contact with parents/families (categorised as frequent contact, sporadic, and no contact) and the presence or absence of a sibling within the same residential unit. Age at admission into institutional care and length of time spent in institutional care were not related to any of the measured outcomes. The strongest predictor of teenagers' attachments to adults was duration of institutionalisation; entering care during middle childhood, and thus spending less time in care, was found to be a protective factor in teenagers' reports of trust, alienation and overall quality of attachments. Lack of contact with parents during institutional placement represents a significant risk factor affecting teenagers' reported feelings of trust towards adults. Although the care group as a whole stood out as markedly different from the family group, the attachment to their peers of teenagers living in care was not associated with



any of the predictive measures considered in the present study. This suggests that other factors should be investigated in seeking to explain the overall low peer attachment quality reported by teenagers living in care. It is possible that teenagers' dissatisfaction with their peers stems from factors relating to their living arrangements. No single strong factor was associated with teenagers' emotional and behavioural problems. The three behavioural patterns which emerged as strongly associated with institutional rearing (greater conduct problems, less pro-social behaviour and greater self-reported peer problems) seem to be mediated by different factors. Informant-reported conduct problems seem to be particularly increased in teenagers who had infrequent and inconsistent contact with their families. The relatively short duration of institutionalisation seems to play a protective role in relation to teenagers' pro-social behaviour, whereas coming from a disrupted, conflictual familial background represent a risk for teenagers' pro-social behaviour. The level of self-reported peer problems is reduced in teenagers who had a sibling living with them. There is some indication that teenagers' self-reported hyperactivity is mediated by the presence of parental malfunctioning behaviour, but this was not the case for informant-reported hyperactivity. Teenagers' levels of intellectual development and school performance do not seem to be mediated by their experiences before or after admission into care.

Teenagers' representations of their families suggest that it is very important that family involvement is maintained and provided on a consistent basis. Teenagers living in care felt strongly about the lack of interest shown by some of their parents, who had ceased to maintain even minimal contact with them, and they in turn had 'rejected' or 'replaced' these parents. Most children had inclusive notions of family based on an assumption of how parents 'ought' to behave towards their children, and included in their representations 'nice people who behave like family' or grandparents and other relatives who performed caring roles in their lives. Nevertheless, teenagers considered parents to be very important to them (often including them on their family chessboards even if they did not know them or if they were deceased or absent for long periods of time) and their expectations of them were high: they tended to distance themselves from parents who 'behave badly' and consequently tended not to feel connected to them. Siblings also played an important role in teenagers' lives. For those whose family lives were broken, siblings constituted an especially important



source of symbolic attachment. However, as with parents, teenagers punished siblings who were behaving badly by distancing themselves. Grandmothers emerged as significant figures in both symbolic and practical ways (in providing care when children were young or when parents were not available). Teenagers in care included among their family members some of their institutional caregivers, but this was mostly by way of compensation for their lack of contact with their parents. The significance of friends was marked in the group of teenagers living with their families, and these were often placed in the sibling position for 'only children' or else supplemented siblings who were older and living independently.

## **Limitations and Implications for Further Research**

Like all research, the present study has its limitations. These stem from the limited representative nature of the sample and from the research instruments employed. As Chapter 5 highlights, the present sample of adolescents living in childcare institutions is representative only for the population of young people experiencing an institutional upbringing who are continuously assessed as having the ability to cope in mainstream education, otherwise they would be transferred to childcare institutions for children with educational difficulties. Further research would benefit from including children from other types of institution as well. As previous studies suggested (Zamfir, 1997; Unicef, 1991), there are reasons to believe that there is an over-representation of Gypsy children within the Romanian population of children in residential care. However, the lack of consistent information regarding the ethnicity of children in care made it impossible to validate this trend in the present study. Further research should take into consideration this particular population and should consider the implications that this could have for finding alternative care solutions for these children in institutions in Romania.

The instruments employed for assessing teenagers' adjustment have undoubtedly influenced the findings. As was explained in Chapter 5, the instrument for the assessment of attachment (IPPA) was adapted to the particular situation of teenagers growing up and living separated from their parents, but would benefit from further validation in other types of study. Moreover, as was explained in Chapter 7, the present findings raise questions regarding the appropriateness of using normative samples as controls, and therefore alternative comparable samples should be sought.



Despite these limitations, the study undertaken in Romania is particularly important because virtually no systematic psychological studies have been conducted involving children in state care in Romania (unlike with their 'more fortunate' counterparts who were adopted abroad). The present study has allowed comparison with similar studies conducted in countries where Romanian children, now in their teenage years, who were brought up in institutions have been adopted. The findings reflect a configuration of adjustment difficulties which is slightly different from that reported by studies of children who experienced 'institutional rearing' in infancy and were consequently adopted. For example, the English–Romanian Adoptees Study (Rutter *et al.*, 2001) concluded that profound institutional privation was particularly associated with patterns involving attachment disturbance, inattention/hyperactivity, quasi-autistic features and cognitive impairment in varying combinations, whereas in this study the only features associated with institutional rearing (with prevalence in the clinical range) were conduct, peer problems and lower pro-social behaviour. Of course, these differences could be explained by the different circumstances of the sample (i.e. not all the teenagers living in institutions experienced institutional rearing from infancy). However, the limited association between these features and individual background variables such as age at admission into institutional care and duration of institutionalisation suggests that potential mediating factors lie in the actual experience of institutional life. Put another way, in the case of young people living and growing up in institutional care background variables may become less important and the actual influences exerted by the institutional environment itself could play a more important role. Among these potential influences are the following:

1. *The nature and quality of relationships with caregivers and peers within the institutional environment.* For many young people in the study, especially those who had little knowledge of their birth parents or who were 'legally abandoned' as a result of their families not maintaining contact with them during their stay in care, the institutional caregiver became a potential adult attachment figure. It is to be expected that the quality of the relationship the young people have established with their caregiver(s) will both bear the sequelae of their separation from their birth parents and consequently influence their social adjustment. Moreover, young people experiencing institutional care in Romania live, by default, with a large group (up to 100) of other young people in similar circumstances, whom they



describe both as friends/peers and as 'a larger type of family'. In adolescence, peer relationships present a particular challenge for individuals, in terms, on the one hand, of their dealing with the propensity to form strong connections with peers and, on the other, of their avoiding the strong negative peer influences that abound during this period. Susceptibility to peer pressure and conformity to negative peer norms have been related to numerous negative outcomes: association with deviant peers has been linked to outcomes ranging from delinquency to risky sexual behaviour; extreme forms of youth aggression and violence have been linked to peer culture within schools; and alcohol and substance abuse are influenced by peer norms. It is likely that the institutional peer group will exert powerful influences on the behaviour of adolescents living in state care institutions. But failure to establish close peer relationships in adolescence is as disturbing as association with deviant peers. Rejection by peers has been linked to adolescent anxiety, depression and difficulties with same-gender peer relations, which is a predictor of difficulties in adult romantic relationships and conflictual marital relationships.

2. *The nature and quality of relationships with the birth family.* The young people growing up in institutions had experienced parental separation at some point in their lives, and a large proportion of them had become 'legally abandoned' as a result of their parents not maintaining contact with them. The consequences of these broken attachment relationships are likely to influence their psychosocial functioning. In spite of the growing trend in Romania towards encouraging family contact for young people in state care, family influence is not necessarily positive. For example, in this study, the Romanian teenagers living in care described difficult relationships with their families, who ranged from poverty-stricken families incapable of providing basic necessities through to mentally-ill or imprisoned parents, or even hostile and abusive parents and step-parents. These circumstances resulted in some teenagers refusing to have contact with their birth families. Quality of relationships with siblings living in the same residential unit can also play an important role in adjustment, since in some cases these are the only family ties that young people maintain.

3. *The nature and quality of relationships within the school environment: teachers and school peers.* School is probably the most powerful out-of-institution



experience that young people living in Romanian childcare institutions have. It is probably the place, too, where they become aware of the difference between themselves and their school colleagues, and where they are most vulnerable to labelling and stigmatisation.

Further research aimed at addressing some of these issues would shed more light on questions relating to the developmental adjustment of young people experiencing institutional upbringing. In addition, longitudinal follow-up studies would enable the testing of causal relationships between variables affecting the developmental trajectories of these young people.

## **Policy and Practice Implications**

One of the aims of the research has been to inform both policy and practice in relation to residential childcare. Unlike in Western countries, there are still large numbers of children being brought up in residential care in many Eastern European countries (Ukraine, Russia, Moldavia, etc.) in conditions similar to those in Romanian childcare institutions, and therefore the practice and policy implications of the present study will be relevant for institutionalised children from those countries as well.

Residential childcare is still seen as a vital area of service for many children in Romania. It has suffered from negative stereotyping as regards what it provides, from under-investment, and from lack of staff training. Recently, however, there has been significant change and improvement in the quality of care offered, and this has been matched by an increased awareness of what fosters positive outcomes for the young people who live in this setting. However, this increased awareness has not yet led to major actual improvements in practice. While reform of the Romanian childcare system will require more effort and, not least, more money, lack of funding is not the only problem hindering change. Preventive services are needed, led and co-ordinated by the state and based in the community, to help families keep children at home. New kinds of social services are required, including family centres and counselling. New professionals, such as social workers, health visitors and community nurses, need more support in their work. While state support will always be essential, there is a need for a strong non-governmental sector providing social services for families and children. The existing system of public childcare needs to be reviewed, and constant



monitoring is necessary to ensure adequate care, backed by appropriate legislation and infrastructure to support the family as the best environment for a child. Adoption and foster care should be stimulated and used more flexibly, with adequate recruitment support and monitoring. Last but not least, the planning and management of childcare services require reliable data, which is still problematic in Romania as in other Eastern European countries. Comprehensive information on the flow of children through public care is a necessity. These data will also enable research addressing the needs of children in public care and will therefore inform policy and practice.

This research recognises that residential childcare in Romania is an area of concern and that changes need to be made regarding how it is planned and delivered. Given the limited nature of the present research and the short timescale of the study, the emphasis on policy and practice implications is necessarily related to current provision. The policy and practice issues emerging from the present research will be described under four headings: service design and delivery; the child in residential care and his/her family; the role of the care worker; and the broader policy perspective.

### **Residential childcare: service design and delivery**

As regards the residential childcare system, Romania should move towards a position in which smaller-scale residential units and family-based alternatives form the essential part of the pattern of service provision for children and young people, as is the case in most Western European countries (Madge, 1994). Residential childcare is an extremely complex task, involving the maintenance of an essential balance between a child's needs for physical care, emotional support and intellectual and educational achievement and its need for specialist support in the light of the particular difficulties that have led to the child being in residential care. Work aimed at meeting the needs of children in care requires a multidimensional approach. There are many different styles and models of residential care, and no residential models have been proven successful to date. When residential care works well, it is an invaluable resource for assisting children and families in very difficult circumstances. When it is poor, it can lead to abuse and to the young people experiencing it being ill-prepared for adult life, as recent experiences in many countries have shown.



Overall, the research suggests that there is a need for a set of principles or guidelines of best practice which will provide a clear framework for assessment of the key aspects of care, and a benchmark against which to measure progress. On the basis of the UK policy guidelines from the 1989 Children Act, a set of six fundamental principles are outlined below which identify the key practice areas that affect the experience of any young people who are looked after, and which therefore are essential guidelines for achieving quality in residential childcare.

### ***1. Individuality and development in childcare provisions***

As the present research has shown, Romania has in recent years seen a transformation as regards the recognition that children are individuals with individual needs and that childcare services must reflect this by becoming 'needs-led' rather than 'placement-led'. Increased awareness of this factor has led to improvements, but changes in actual practice have been few and there is much progress still to be made. The development of effective childcare planning should be a top priority for the Romanian childcare system, along with the involvement of children, parents and care workers in the care process.

### ***2. Rights and responsibilities***

There is a greater awareness in the Romanian childcare system of the need to respect children's rights in the light of the UN Convention on the Rights of the Child. However, in practice, children and young people in care are not actively encouraged to exercise their rights. In the residential units studied there is no recognised procedure for making complaints and there are no 'statements of rights and responsibilities' that can be made available or explained to the young people entering the care system. Moreover, not even at the County Directorate for the Protection of the Rights of the Child has provision been made for the appointment of a Child's Rights Officer to deal with the issues related to rights and responsibilities.

### ***3. Good basic care***

Both staff and residents in the Romanian childcare institutions participating in this study considered that there have been major improvements in the basic care of young people, particularly in terms of better living conditions, higher numbers of staff, etc.



However, the residential childcare system needs to consider the balance between the need to provide good basic care and the need for more in-depth or specialised care approaches aimed at addressing the particular needs of young people in care.

#### ***4. Health, safety and education***

Educational and health provision are considered satisfactory. Both residents and staff recognise the importance of education in terms of providing young people with basic skills. However, the scope for young people living an independent life after leaving care remains uncertain, especially given the still-difficult economic climate in Romania, and so more efforts should be made to support this transition. Also, in order to improve the safety of young people in care, better recruitment and staff training, as well as an inspection system, should be put in place.

#### ***5. Partnership with parents***

Probably the greatest concern in the Romanian residential childcare system is the lack of parental involvement in the care process. Working with parents is an area where increased awareness of the importance of the issue was not matched by proactive endeavour. Serious confusion exists as to how staff should involve parents in the care process, and it was felt that, at times, working with families was hindered by the placement of children in institutions located at a distance from their families. Residential workers are in a strong position to form and foster links with parents, since they are often not perceived as representing 'authority' figures in the way social workers usually are.

#### ***6. Child-centred work***

Another area of great concern is the issue of interdisciplinary collaboration in work with children in care. Greater co-operation between the various professionals involved in children's lives – caregivers, teachers, psychologists, social workers – is urgently needed. It is still the case in the Romanian residential childcare system that placements are made to suit the needs of the system rather than those of the child. Because insufficient alternatives to residential care are available, genuine choices cannot be made. Emphasis must be placed on a multi-disciplinary, problem-solving



approach with children as opposed to maintenance. The need of young people to experience a balanced and enriched childhood and adolescence must not be neglected.

### **The child in residential care and his/her family**

The findings of the present research have highlighted the reality of the situation of young people in residential care in Romania. Although the data cannot be regarded as representative for all the children in care in the country, they provide a clear picture of the emerging trends. A key feature of this research is that it enabled the young people's voices to be heard and listened to. A striking finding was the clarity with which the young people in residential care were able to describe and analyse the quality of the care they were offered, and to acknowledge that this was important to them. This suggests that young people need to play a central role in the design and delivery of services. The interviews with young people about their lives in the Placement Centres showed that they know what they want. They therefore should have an input into service planning.

Another important aspect of the study is the recognition of the key role played by the families of the young people in care and of how important family links are in their lives. The findings reinforce the view that children in residential settings need to see their families and parents as often as possible. Family members should be included; they should be actively supported, and encouraged to participate in decision-making about their children and to feel part of the care process.

The findings also show that children in residential care experience very poor socio-economic conditions, and that their families have multiple social problems that should be addressed through interventions which need to be multi-dimensional, and to include the family level, so as to meet the child's needs in the longer term.

### **The role of the care worker**

The research findings have highlighted the crucial role played by care workers in the lives of the young people in care. The use of the word 'educator' in the Romanian context to describe the role of the care worker indicates the wide-ranging tasks that they undertake in the care process, not only as regards general care provision but also regarding the education of the young people. The findings also show that the perceived quality of residential care centrally involves the task of caring which is the



responsibility of the care worker/educator. The interviews with the care workers highlighted the complexity of the 'care task', and showed that care workers need to be skilled and empowered to deliver on all aspects of the caring task. Training both before and during service is thus crucial so as to empower workers to work more effectively, and it should be constantly updated in the light of the most recent knowledge and thinking. Staff-child ratios should be constantly reviewed, and the most effective shift system should be employed. Nevertheless, despite increasing levels of professionalism, care workers still enjoy a poor status relative to other caring professionals. As in other countries, in Romania there needs to be a recognition of the central role that the care worker plays in residential childcare, and steps must be taken to enhance the status of residential care work as a profession in order to attract high-calibre professionals.

### **The broader policy perspective**

The present research has highlighted the fact that residential childcare in Romania is and will continue to be a practicable option for the care of some children and young people, at least until family and community alternatives can be put in place. Used appropriately, residential care will enhance the lives of children confronted with complex and severe family difficulties. In order to help those children who require residential care, conditions in institutions must be monitored rigorously to ensure an adequate quality of care. However, alternatives to residential care should be stimulated, based on the premise that the family provides the best context in which to raise a child. Preventive services, led and co-ordinated by the state and based in the community, are needed to provide help to families in their task of raising children and to help adolescents' transitions into adulthood. The non-governmental sector plays a major role in the social services provisions in many Western countries, and although the non-governmental sector is dynamic in Eastern Europe and Romania, it often lacks adequate monitoring and management, and thus there is a need for substantial reform of this sector.

Supporting families is a policy objective in England and Wales which has been recently enhanced by the appointment of the first Minister with specific responsibilities for children to provide integrated leadership and take responsibility for children's services and family policy. This kind of integration of children's policy



promises a focus upon children and young people which can easily be lost when different government departments are involved. There needs to be a similar focus for policy development in Romania and in countries confronted with similar situations regarding childcare provision.

Recent studies (EUROARRCC, 1998; Madge, 1994) have highlighted the fact that residential childcare has had a long history from a European perspective. Increasingly – through comparative research work – a better picture is being gained about the necessity for fundamental common policies concerning residential childcare. In the light of the recent political expansion of the European Community towards the East, the Eastern European countries should be included in this process, on the basis of a ‘learning from each other’ approach. Policies regarding the provision of good-quality residential childcare services should be designed and agreed at EU level and an EU agenda should be drawn up. The UN Convention on the Rights of the Child provides a good framework for action, but a satisfactory method of measuring practical progress in relation to ideals is required. Increased transnational co-operation is required regarding the sharing of ideas, practices and methods, which should lead to a greater harmonisation of practice and policy in the area of residential childcare, taking into account cultural differences (Rosenthal, 1999).

### **‘Audiatur et altera pars’**

One of the aims of the present research was to provide a Romanian perspective on the issue of ‘Romanian orphans’. The fact that the author of the research is a Romanian has been both a strength and a limitation. Throughout the process, the researcher has striven for objectivity, even though at times, given the struggle with cultural and media-created stereotypes and the Western/Eastern European divide, accomplishing the work has felt like a mission to restore the truth about the ‘Romanian orphans’. At the very least, this research provides an alternative view of institutional childcare in Romania.



## References

- Agh, A. (1999) Processes of democratisation in the East Central European and Balkan states: sovereignty-related conflicts in the context of Europeanisation, *Communist and Post-Communist Studies*, 32(3), 263–279.
- Ahmad, A. and Mohamad, K. (1996) The socioemotional development of orphans in orphanages and traditional foster care in Iraqi Kurdistan, *Child Abuse and Neglect*, 20(12), 1161–1174.
- Ahnert, L. and Lamb, M. E. (2000) Infant-care provider attachment in contrasting child care settings: II: individual-oriented care after German reunification, *Infant Behaviour and Development*, 23, 211–222.
- Ahnert, L., Lamb, M. E. and Seltenheim, K. (2000) Infant-care provider attachment in contrasting child care settings: I: group-oriented care before German reunification, *Infant Behaviour and Development*, 23, 197–209.
- Ainscow, M. and Haile-Giorgis, M. (1998) The education of children with special needs: barriers and opportunities in Central and Eastern Europe, *Innocenti Occasional Papers, Economic and Social Policy Series, No. 67* (Florence: Unicef International Child Development Centre).
- Ainsworth, M. (1989) Attachments beyond infancy, *American Psychologist*, 44(4), 709–716.
- Ainsworth, M. (1991) Attachment and other affectional bonds across the life cycle. In C. M. Parkes, J. Stevenson-Hinde and P. Marris (eds.), *Attachment Across the Life Cycle* (London: Routledge).
- Aldgate, J. (1994) Graduating from care – a missed opportunity for encouraging successful citizenship, *Children and Youth Services Review*, 16(3–4), 255–272.
- Aldgate, J. and Hill, M. (1995) Child welfare in the United Kingdom, *Children and Youth Services Review*, 17(5–6), 575–597.
- Aldridge, M. (1994) *Making Social Work News* (London: Routledge).
- Alexandrescu, G. (1996) Programme note: street children in Bucharest, *Childhood*, 3(2), 267–270.



Allen, J. P. and Hauser, S. T. (1996) Autonomy and relatedness in adolescent-family interactions as predictors of young adults' states of mind regarding attachment, *Development and Psychopathology*, 8(4), 793–810.

Allen, J. P., Hauser, S. T., Bell, K. L. and O'Connor, T. G. (1994a) Longitudinal assessment of autonomy and relatedness in adolescent-family interactions as predictors of adolescent ego development and self-esteem, *Child Development*, 65(1), 179.

Allen, J. P., Hauser, S. T. and Borman-Spurrell, E. (1996a) Attachment theory as a framework for understanding sequelae of severe adolescent psychopathology: an 11-year follow-up study, *Journal of Consulting and Clinical Psychology*, 64(2), 254–263.

Allen, J. P., Hauser, S. T., O'Connor, T. G., Bell, K. L. and Eickholt, C. (1996b) The connection of observed hostile family conflict to adolescents' developing autonomy and relatedness with parents, *Development and Psychopathology*, 8(2), 425–442.

Allen, J. P., Hauser, S. T., O'Connor, T. G. and Bell, K. L. (2002) Prediction of peer-rated adult hostility from autonomy struggles in adolescent-family interactions, *Development and Psychopathology*, 14(1), 123–138.

Allen, J. P. and Land, D. (1999) Attachment in adolescence. In J. Cassidy and P. R. Shaver (eds.), *Handbook of Attachment: Theory, research and clinical implications* (New York: The Guilford Press).

Allen, J. P., Leadbeater, B. J. and Lawrence Aber, J. (1994b) The development of problem behavior syndromes in at-risk adolescents, *Development and Psychopathology*, 6(2), 323.

Allen, J. P., Moore, C., Kuperminc, G. and Bell, K. (1998) Attachment and adolescent psychosocial functioning, *Child Development*, 69(5), 1406–1419.

Anderson, M., Tunaley, J. and Walker, J. (2000) *Relatively Speaking – Communication in families* (Newcastle upon Tyne: Newcastle Centre for Family Studies, University of Newcastle upon Tyne).

Andersson, G. (2000) Intercountry adoption in Sweden: the perspective of the Adoption Centre in its 30th year. In P. Selman (ed.), *Intercountry Adoption: Developments, Trends and Perspectives* (London: British Agencies for Adoption and Fostering).



- ANPCA (2001) *In interesul copilului* [In the child's interest], Autoritatea Nationala pentru Protectia Copilului si Adoptie [National Authority for Child Protection and Adoption]. Available: [www.copii.ro](http://www.copii.ro) [2002, 14/10].
- ANPCA (2002) *Campania de prevenire a abandonului si institutionalizarii copiilor* [Public awareness campaign for preventing abandonment and institutionalisation of the Romanian children], Autoritatea Nationala pentru Protectia Copilului si Adoptie [National Authority for Child Protection and Adoption]. Available: [www.suflet.ro](http://www.suflet.ro) [2002, 14/10].
- Anyan, S. E. and Pryor, J. (2002) What is in a family? Adolescent perceptions, *Children and Society*, 16, 306–317.
- Apparao, H. (1997) International adoption of children: the Indian scene, *International Journal of Behavioral Development*, 20(1), 3–16.
- Archer, L., H., Little, M. and Mount, K. (1998) *Caring for Children Away from Home: Message from research* (Chichester: John Wiley).
- Ardelt, M. and Day, L. (2002) Parents, siblings, and peers: close social relationships and adolescent deviance, *Journal of Early Adolescence*, 22(3), 310–349.
- ARIA (2002) *Trajectories of despair: misdiagnosis and maltreatment of Soviet orphans*, Association for Research in International Adoption. Available: [www.adoption-research.org](http://www.adoption-research.org) [2003, 1/2/03].
- Armsden, G. C. and Greenberg, M. T. (1987) The Inventory of Parent and Peer Attachment: individual differences and their relationship to psychological well-being in adolescence, *Journal of Youth and Adolescence*, 16(5), 427–454.
- Aronson, J. E., Acacha, S. and Alonso, M. (2002) *Prevalence of fetal alcohol syndrome and fetal alcohol effect in pre-adoption evaluations of children in Russian orphanages*, Association for Research on International Adoption. Available: [www.adoption-research.org](http://www.adoption-research.org) [2002, 1/12].
- Asay, S. M. (2003) Family strengths in postcommunist transition: Romania and the former East Germany, *Journal of Family and Consumer Sciences*, 95(1), 26–32.



- Atal, Y. (ed.) (1999) *Poverty in Transition and Transition in Poverty. Recent developments in Hungary, Bulgaria, Romania, Georgia, Russia, Mongolia* (New York and Oxford: Berghahn Books and UNESCO Publishing).
- Ayre, P. (2001) Child protection and the media: lessons from the last three decades, *British Journal of Social Work*, 31(6), 887–901.
- Bar-Haim, Y., Sutton, B. D., Fox, N. A. and Marvin, R. S. (2000) Stability and change of attachment at 14, 24, and 58 months of age: behaviour, representation and life events, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(3), 381–388.
- Barnard, P. (1990) Romania and the West – remembering our man Ceaușescu, *Nation*, 250(7), 230–232.
- Barnardo's (2002) *Our History* (Barnardo's). Available: [www.barnardos.org.uk](http://www.barnardos.org.uk) [2003, 15/01].
- Barnett, D., Ganiban, J. and Cicchetti, D. (1999) Maltreatment, negative expressivity, and the development of type D attachments from 12 to 24 months of age. In J. I. Vondra and D. Barnett (eds.), *Atypical Attachment in Infancy and Early Childhood among Children at Developmental Risk* (Oxford: Blackwell).
- Barnett, D. and Vondra, J. I. (1999) Atypical patterns of early attachment: theory, research and current directions. In J. I. Vondra and D. Barnett (eds.), *Atypical Attachment in Infancy and Early Childhood among Children at Developmental Risk* (Oxford: Blackwell).
- Baron, A. M., Baron, Y. M. and Spencer, N. J. (2001) The care and health needs of children in residential care in the Maltese Islands, *Child Care Health and Development*, 27(3), 251–262.
- Bartholomew, K. and Horowitz, L. M. (1991) Attachment styles among young adults: a test of four-category model, *Journal of Personality and Social Psychology*, 61(2), 226–244.
- Beckett, C., Bredenkamp, D., Castle, J., Groothues, C., O'Connor, T. G. and Rutter, M. (2002) Behavior patterns associated with institutional deprivation: a study of children adopted from Romania, *Journal of Developmental and Behavioral Pediatrics*, 23(5), 297–303.



- Beckett, C., Groothues, C. and O'Connor, T. (1998) Adopting from Romania: the role of siblings in adjustment, *Adoption and Fostering*, 22(2), 25–34.
- Beckett, C. and Thoburn, J. (2002) Family placements from a Chinese institution, *Adoption and Fostering*, 26(3), 19–27.
- Behr, E. (1991) *'Kiss the Hand You Cannot Bite': The rise and fall of the Ceaușescus* (London: Hamish Hamilton).
- Benoit, T. C., Jocelyn, L. J., Moddemann, D. M. and Embree, J. E. (1996) Romanian adoption: the Manitoba experience, *Archives of Pediatrics and Adolescent Medicine*, 150(12), 1278–1282.
- Berelson, T. (1979) Romania's 1966 anti-abortion decree: the demographic experience of the first decade, *Population Studies*, 33(2), 209–222.
- Berridge, D. (1985) *Children's Homes* (New York, NY: Blackwell).
- Berridge, D. and Brodie, I. (1998) *Children's Homes Revisited* (Philadelphia: Jessica Kingsley).
- Best, J. (ed.) (1995) *Images of Issues: Typifying Contemporary Social Problems* (2nd ed.) (Hawthorne, NY: Aldine de Gruyter).
- Bocsan, I. S. and Davis, R. (2000) Child well-being and child welfare reform in Romania: transition to community. Paper presented at the 28th Annual Meeting of APHA, 14 Nov.
- Bohman, M. (1997) Nature and nurture: lessons from Swedish adoption surveys, *Adoption and Fostering*, 21(2), 19–27.
- Bohman, M. and Sigvardsson, S. (1990) Outcome in adoption: lessons from longitudinal studies. In D. Brodzinsky and M. D. Schechter (eds.), *The Psychology of Adoption* (Oxford: Oxford University Press).
- Bond, H. (2000) *Fostering international relations*, European Children's Trust. Available: <http://communitycare.co.uk/> [2002, 11/10].
- Boris, N. W. and Zeanah, C. H. (1999) Disturbances and disorders of attachment in infancy: an overview, *Infant Mental Health Journal*, 20(1), 1–9.



- Bowlby, J. (1951) *Maternal Care and Mental Health* (Geneva: World Health Organisation).
- Bowlby, J. (1988) *A Secure Base: Clinical applications of attachment theory* (London: Routledge).
- Brand, A. E. and Brinich, P. M. (1999) Behavior problems and mental health contacts in adopted, foster, and nonadopted children, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(8), 1221–1229.
- Brandon, D., Rosendale, V. and Margarit, V. (1998) Romania: legislation and provision of services for people with a mental handicap, *Social Work in Europe*, 5(2), 55–58.
- Brannen, J., Heptinstall, E. and Bhopal, K. (2000) *Connecting children: Care and family life in later childhood* (London: Routledge Falmer).
- Brennan, K. A. and Shaver, P. R. (1998) Attachment styles and personality disorders: their connections to each other and to parental divorce, parental death, and perceptions of parental caregiving, *Journal of Personality*, 66(5), 835–878.
- Brown, L. S. and Wright, J. (2001) Attachment theory in adolescence and its relevance to developmental psychopathology, *Clinical Psychology and Psychotherapy*, 8, 15–32.
- Browne, K. D. and Lynch, M. A. (1999) Children in public care – editorial: the experiences of children in public care, *Child Abuse Review*, 8(6), 353–356.
- Buchanan, A. (1995) Young people's views on being looked after in out-of-home care under the Children Act 1989, *Children and Youth Services Review*, 17(5–6), 681–696.
- Buist, K. L., Dekovic, M., Meeus, W. and van Aken, M. (2002) Developmental patterns in adolescent attachment to mother, father and sibling, *Journal of Youth and Adolescence*, 31(3), 167–176.
- Bullock, R., Little, M. and Millham, S. (1993) *Residential Care for Children: A Review of the Research* (London: HMSO).
- Calafeteanu, I. (1998) *History of Romanians*, Government of Romania. Available: <http://www.gov.ro/istoria-e.html> [2000, 1/03/2000].



- Carter, R. (2000) *The Silent Crisis: The impact of poverty on children in Eastern Europe and the Former Soviet Union* (London: The European Children's Trust).
- Cassidy, J., Kirsh, S. J., Scolton, K. L. and Parke, R. D. (1996) Attachment and representations of peer relationships, *Developmental Psychology*, 32(5), 892–904.
- Castle, J., Groothues, C., Bredenkamp, D., Beckett, C., O'Connor, T., Rutter, M. and E.R.A. Study Team (1999) Effects of qualities of early institutional care on cognitive attainment, *American Journal of Orthopsychiatry*, 69(4), 424–437.
- Cederblad, M., Hook, B., Irhammar, M. and Mercke, A. (1999) Mental health in international adoptees as teenagers and young adults. An epidemiological study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(8), 1239–1248.
- Chakrabarti, M. and Hill, M. (eds.) (2000) *Residential Child Care: International perspectives on links with families and peers* (London: Jessica Kingsley).
- Chelcea, L. (2002) The culture of shortage during state socialism: consumption practices in a Romanian village in the 1980s, *Cultural Studies*, 16(1), 16–43.
- Chirot, D. (1988) Romania – Ceaușescu's last folly, *Dissent*, 35(3), 271–275.
- Chisholm, K. (1998) A three year follow-up of attachment and indiscriminate friendliness in children adopted from Romanian orphanages, *Child Development*, 69(4), 1092–1106.
- Chisholm, K., Carter, M. C., Ames, E. W. and Morison, S. J. (1995) Attachment security and indiscriminately friendly behavior in children adopted from Romanian orphanages, *Development and Psychopathology*, 7(2), 283–294.
- Christy, D. (1999) Stop this madness, *The Guardian*, 19 April.
- Chugani, H. T., Behen, M. E., Muzik, O., Juhasz, C., Nagy, F. and Chugani, D. (2001) Local brain functional activity following early deprivation: a study of postinstitutionalised Romanian orphans, *NeuroImage*, 14, 1290–1301.
- Churchill, W. S. (1954) *The Second World War: Vol. 6: Triumph and tragedy* (London: Cassell).



- Clarke, A. and Clarke, A. (1976) *Early Experience: Myth and evidence* (London: Open Books).
- Clarke, A. and Clarke, A. (2000) *Early Experiences and the Life Path* (London: Jessica Kingsley).
- Coldrey, B. (2001) 'The extreme end of a spectrum of violence': physical abuse, hegemony and resistance in British residential care, *Children and Society*, 15, 95–106.
- Collins, M. E. (2001) Transition to adulthood for vulnerable youths: a review of research and implications for policy, *Social Service Review*, 75(2), 271–291.
- Collins, M. E., Schwartz, I. M. and Epstein, I. (2001) Risk factors for adult imprisonment in a sample of youth released from residential childcare, *Children and Youth Services Review*, 23(3), 203–226.
- Collins, N. L. and Read, S. J. (1990) Adult attachment, working models and relationship quality in dating couples, *Journal of Personality and Social Psychology*, 58, 644–663.
- Collins, R. (1998) Andrei Codrescu's mioritic space, *MELUS*, autumn.
- Colton, M. (2002) Factors associated with abuse in residential child care institutions, *Children and Society*, 16, 33–44.
- Comisia Nationala pentru Statistica (CNS) (1999) *Anuarul Statistic al Romaniei 1999* [Romanian Statistical Yearbook, 1999] (Bucuresti: Comisia Nationala pentru Statistica).
- Conant, E. (2002) Romanian adoption tug-of-war, *Newsweek Magazine*, 8 Nov.
- Cornia, G. A. and Sipos, S. (eds.) (1991) *Children and the Transition to the Market Economy* (Aldershot: Avebury).
- Cozma, T., Cucos, C. and Momanu, M. (2000) The education of Roma children in Romania: description, difficulties, solutions, *Intercultural Education*, 11(3), 281–288.
- Crittenden, P. M. (1999) Danger and development: the organisation of self-protective strategies. In J. I. Vondra and D. Barnett (eds.), *Atypical Attachment in Infancy and Early Childhood among Children at Developmental Risk* (Oxford: Blackwell).



- Croft, C., O'Connor, T. G., Keaveney, L., Groothues, C. and Rutter, M. (2001) Longitudinal change in parenting associated with developmental delay and catch-up, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(5), 649–659.
- Damoradan, A. and Mehta, N. (2000) Child adoption in India: an overview. In P. Selman (ed.), *Intercountry Adoption: Developments, Trends and Perspectives* (London: British Agencies for Adoption and Fostering).
- Dance, C., Rushton, A. and Quinton, D. (2002) Emotional abuse in early childhood: relationships with progress in subsequent family placement, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 43(3), 395–407.
- David, H. P. and Baban, A. (1996) Women's health and reproductive rights: Romanian experience, *Patient Education and Counseling*, 28(3), 235–245.
- Davis, K. (1976) Final note on a case of extreme isolation. In A. Clarke and A. Clarke (eds.), *Early Experience: Myth and evidence* (London: Open Books).
- DCI and ISS (1991) *Romania: The adoption of Romanian children by foreigners. Report of a group of experts on the implementation of the Convention on the Rights of the Child regarding inter-country adoption* (Geneva: Defence for Children International and International Social Service).
- Deater-Deckard, K. (2001) Annotation: recent research examining the role of peer relationships in the development of psychopathology, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 42(5), 565–579.
- Dekovic, M. and Meeus, W. (1997) Peer relations in adolescence: effects of parenting and adolescents' self-concept, *Journal of Adolescence*, 20(2), 163–176.
- Deletant, D. (1990) Romania – a case of dynastic communism, *International Affairs*, 66(2), 404–404.
- Deletant, D. (1999) *Communist Terror in Romania: Gheorghiu-Dej and the police state 1948–1965* (New York: St Martin's).
- Dennis, W. (1976) Children of the crèche: conclusions and implications. In A. Clarke and A. Clarke (eds.), *Early Experience: Myth and evidence* (London: Open Books).



- DGJPDC (2000) *Raport de activitate* [Report of activity] (Directia Generala Judeteana pentru Protectia Drepturilor Copilului [County Directorate for Child's Rights Protection]).
- Dickens, J. (1999a) Family support in Romania and the UK: different circumstances, similar challenges, *Children and Society*, 13(3), 155–166.
- Dickens, J. (1999b) Protecting the rights of the child in Romania: children's rights perspectives on Romania's 1997 child care reforms, *European Journal of Social Work*, 2(2), 139–150.
- Dickens, J. (2002) The paradox of inter-country adoption: analysing Romania's experience as a sending country, *International Journal of Social Welfare*, 11, 76–83.
- Dickens, J. and Serghi, C. (2000) Attitudes to child care reform in Romania: findings from a survey of Romanian social workers, *European Journal of Social Work*, 3(3), 247–260.
- Dickens, J. and Watts, J. (1996) Developing alternatives to residential care in Romania, *Adoption and Fostering*, 20(3), 8–13.
- Dingwall, R. and Lewis, J. (1999) Children and family policy in Europe, *Children and Youth Services Review*, 21(11–12), 905–914.
- DPC (1998) *Departamentul pentru Protectia Copilului al Guvernului Romaniei* [Department for Child Protection of Romanian Government]. Available: [www.domino.kappa.ro/guvern](http://www.domino.kappa.ro/guvern) [2000, 06/04].
- DPC and Unicef (1997) *Situatia Copilului si a Familiei in Romania* [The situation of child and family in Romania] (Bucuresti, Romania: Departamentul pentru Protectia Copilului al Guvernului Romaniei si Reprezentanta Unicef in Romania [Romanian Government, Department for Child Protection and Unicef Romania Country Office]).
- Dumitrache, L. and Armas, I. (1998) The health state of the Romanian population during the transition period, *GeoJournal*, 44(2), 151–160.
- Dunn, J. (1984) *Sisters and Brothers* (London: Fontana).
- Dunn, J., Deater-Deckard, K., Pickering, K. and Golding, J. (1999) Siblings, parents, and partners: family relationships within a longitudinal community study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(7), 1025–1038.



- Dunn, J., Deater-Deckard, K., Pickering, K., O'Connor, T. G. and Golding, J. (1998) Children's adjustment and prosocial behaviour in step-, single-parent, and non-stepfamily settings: findings from a community study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(8), 1083–1096.
- Dunn, J. and Kendrick, C. (1982) *Siblings: Love, envy, and understanding* (Cambridge, MA: Harvard University Press).
- Dunn, J. and McGuire, S. (1992) Sibling and peer relationships in childhood, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 33(1), 67–105.
- Dunn, J., Slomkowski, C. and Beardsall, L. (1994b) Sibling relationships from the preschool period through middle childhood and early adolescence, *Developmental Psychology*, 30(3), 315.
- Dunn, J., Slomkowski, C., Beardsall, L. and Rende, R. (1994a) Adjustment in middle childhood and early adolescence: links with earlier and contemporary sibling relationships, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(3), 491.
- Durnescu, I., Lazar, C. and Shaw, R. (2002) Incidence and characteristics of Roma men in Romanian prisons, *The Howard Journal*, 41(3), 237–244.
- Earle, J. S. and Pauna, C. (1996) Incidence and duration of unemployment in Romania, *European Economic Review*, 40(3–5), 829–837.
- EC Commission (1997) *Report on Romania's Progress towards Accession* (Brussels: Commission of the European Communities).
- EC Commission (1998) *Regular Report on Progress towards Accession: Romania* (Brussels: Commission of the European Communities).
- EC Commission (1999) *Regular Report from the Commission on Romania's Progress towards Accession* (Brussels: Commission of the European Communities).
- EC Commission (2000) *Regular Report from the Commission on Romania's Progress towards Accession* (Brussels: Commission of the European Communities).
- EC Commission (2001) *Regular Report on Romania's Progress towards Accession* (Brussels: Commission of the European Communities).



- EC Commission (2002) *Regular Report on Romania's Progress towards Accession* (Brussels: Commission of the European Communities).
- Enachescu, D. and Vladescu, C. (1996) Politica sociala in domeniul sanatatii [Health social policy]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).
- EUROARRCC (1998) *Care to Listen? A Report of residential child care in four European countries*, EUROARRCC. Available: <http://www.euroarc.net/> [2002, 31/01].
- Farris, N. (2000) Partners in parenting: safe reunification. In M. Chakrabarti and M. Hill (eds.), *Residential Childcare: International perspectives on links with families and peers* (London: Jessica Kingsley).
- Federici, R. S. (1998) *Help for the Hopeless Child: A guide for families* (Dr Ronald S. Federici and Associates).
- Feldman, S. S. and Gehring, T. M. (1988) Changing perceptions of family cohesion and power across adolescence, *Child Development*, 59, 1034–1045.
- Felsman, D. E. and Blustein, D. L. (1999) The role of peer relatedness in late adolescent career development, *Journal of Vocational Behavior*, 54, 279–295.
- Field, A. (2000) *Discovering Statistics using SPSS for Windows* (London: Sage).
- Fisher, L., Ames, E. W., Chisholm, K. and Savoie, L. (1997) Problems reported by parents of Romanian orphans adopted to British Columbia, *International Journal of Behavioral Development*, 20(1), 67–82.
- Fordham, K. and Stevenson-Hinde, J. (1999) Shyness, friendship quality and adjustment during middle childhood, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(5), 757–768.
- Franklin, B. (ed.) (1999) *Social Policy, the Media and Misrepresentation* (London: Routledge).
- Gallagher, B. (2000) The extent and nature of known cases of institutional child sexual abuse, *British Journal of Social Work*, 30(6), 795–817.



- Gauthier, A. H. (1999) Historical trends in state support for families in Europe (post-1945), *Children and Youth Services Review*, 21(11–12), 937–965.
- Gehring, T. M. and Marti, D. (1993) The Family System Test: differences in perception of family structures between nonclinical and clinical children, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 34(3), 363–377.
- Gehring, T. M. and Marti, D. (1994) Debate and argument: children's family constructs and classification of mental disorders – different measurement approaches may yield different results, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(3), 551–553.
- George, C., Kaplan, N. and Main, M. (1984) *Attachment Interview for Adults* (Berkeley, CA: University of California).
- GIASAI (2002) *Reorganizarea Sistemului de Adoptii Internationale si de Protectie a Copilului in Dificultate* [The Reorganisation of International Adoption and Child Protection System] (Bucuresti: Grupul Independent pentru Analiza Sistemului de Adoptii Internationale [The Independent Group for Analysis of International Adoptions System]).
- Gilberg, T. (1990) *Nationalism and Communism in Romania: The rise and fall of Ceauşescu's personal dictatorship* (Boulder, CO: Westview Press).
- Goffman, E. (1961) *Asylums: Essays on the social situation of mental patients and other inmates* (Harmondsworth: Anchor Books, Doubleday).
- Goldberg, R. (1997) Adopting Romanian children: making choices, taking risks, *Marriage and Family Review*, 25(1–2), 79–98.
- Goldberg, R. (2001) The social construction of adoptive families: a follow-up study on adopting Romanian children, *International Review of Sociology/Revue Internationale de Sociologie*, 11(1), 89–101.
- Goodman, R. (1997) The Strengths and Difficulties Questionnaire: a research note, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38(5), 581–586.
- Goodman, R. (1999) The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(5), 791–800.



- Goodman, R. (2001) Psychometric properties of the Strengths and Difficulties Questionnaire, *Journal American Academy of Child and Adolescent Psychiatry*, 40(11), 1337–1345.
- Goodman, R., Ford, T., Simmons, H., Gatward, R. and Meltzer, H. (2000b) Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample, *British Journal of Psychiatry*, 177, 534–539.
- Goodman, R., Meltzer, H. and Bailey, V. (1998) The Strengths and Difficulties Questionnaire: a pilot study on the validity of the self-report version, *European Child and Adolescent Psychiatry*, 7(3), 125–130.
- Goodman, R., Renfrew, D. and Mullick, M. (2000a) Predicting type of psychiatric disorder from Strengths and Difficulties Questionnaire (SDQ) scores in child mental health clinics in London and Dhaka, *European Child and Adolescent Psychiatry*, 9(2), 129–134.
- Goodman, R. and Scott, S. (1999) Comparing the Strengths and Difficulties Questionnaire and the Child Behavior Checklist: is small beautiful?, *Journal of Abnormal Child Psychology*, 27(1), 17–24.
- Graham, B. (1997) Mercy for Briton smuggling babies out of Romania, *The Electronic Telegraph*, 3 June.
- Greenberg, M. T., Siegel, J. M. and Leitch, C. J. (1983) The nature and importance of attachment relationship to parents and peers during adolescence, *Journal of Youth and Adolescence*, 12(5), 373–387.
- Groothues, C., Beckett, C. M. and O'Connor, T. G. (1998/9) The outcomes of adoptions from Romania: predictors of parental satisfaction, *Adoption and Fostering*, 22(4), 30–40.
- Groothues, C., Beckett, C. M. and O'Connor, T. G. (2001) Successful outcomes: a follow-up study of children adopted from Romania into the UK, *Adoption Quarterly*, 5(1), 5–22.
- Groza, V. (1999) Institutionalisation, behavior and international adoption, *Journal of Immigrant Health*, 1(3), 133–143.



- Groza, V., Ileana, D. and Irwin, I. (1999) *A Peacock or a Crow: Stories, interviews and commentaries on Romanian adoptions* (Williams Custom Publishing).
- Groza, V., Proctor, C. and Guo, S. (1998) The relationship of institutionalisation to the development of Romanian children adopted internationally, *International Journal of Child and Family Welfare*, 98(3), 198–217.
- Groza, V. and Ryan, S. D. (2002) Pre-adoption stress and its association with child behavior in domestic special needs and international adoptions, *Psychoneuroendocrinology*, 27(1–2), 181–197.
- Groza, V. and American and Romanian Research Team (2001) A study of Romanian foster families [Unpublished report] (Mandel School of Applied Social Sciences, Case Western Reserve University).
- Groza, V., Ryan, S. D. and Cash, S. J. (2003) Institutionalisation, behaviour and international adoption: predictors of behavior problems, *Journal of Immigrant Health*, 5(1), 5–17.
- Groze, V. and Ileana, D. (1996) A follow-up study of adopted children from Romania, *Child and Adolescent Social Work Journal*, 13(6), 541–565.
- Grunberg, L. (1996) Politica sociala si egalitatea sexelor [Social policy and gender equality]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).
- Gunnar, M. R., Morison, S. J., Chisholm, K. and Schuder, M. (2001) Salivary cortisol levels in children adopted from Romanian orphanages, *Development and Psychopathology*, 13(3), 611–628.
- Hague Conference (2000) *The Hague Conference*. Available: [www.hcch.net](http://www.hcch.net) [2000, 03/03].
- Hall, A. (2001) Briton on child sex abuse charge in Romania, *The Times*, 24 May.
- Hall, D. (1985) Technical note: extreme deprivation in early childhood, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 26(5), 825.
- Hamilton, C. E. (2000) Continuity and discontinuity of attachment from infancy through adolescence, *Child Development*, 71(3), 690–694.



- Harris, J. R. (1998) *The Nurture Assumption: Why children turn out the way they do* (London: Bloomsbury).
- Haugaard, J. J., Wojslawowicz, J. C. and Palmer, M. (2000) International adoption: children from Romania, *Adoption Quarterly*, 3(3), 73–84.
- Haworth, G. (2000) Overseas Adoption Helpline: helping people through the maze. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Hazan, C. and Shaver, P. (1987) Romantic love conceptualised as an attachment process, *Journal of Personality and Social Psychology*, 52(3), 511–524.
- Heath, A. F., Colton, M. and Aldgate, J. (1989) The educational progress of children in and out of care, *British Journal of Social Work*, 19(6), 447–460.
- Heath, A. F., Colton, M. J. and Aldgate, J. (1994) Failure to escape – a longitudinal study of foster children's educational-attainment, *British Journal of Social Work*, 24(3), 241–260.
- Hill, M. (2000) Inclusiveness in residential care. In M. Chakrabarti and M. Hill (eds.), *Residential Child Care: International perspectives on links with families and peers* (London: Jessica Kingsley).
- Hill, M. and Cairns-Smith, D. A. (1995) Developing a child care management training course for Romania, *Social Work in Europe*, 2(1), 20–27.
- Hill, M. and Shaw, M. (eds.) (1998) *Signposts in Adoption: Policy, practice and research issues* (London: British Agencies for Adoption and Fostering).
- Hobbs, G. F., Hobbs, C. J. and Wynne, J. M. (1999) Abuse of children in foster and residential care, *Child Abuse and Neglect*, 23(12), 1239–1252.
- Hodges, J. and Tizard, B. (1989a) IQ and behavioral-adjustment of ex-institutional adolescents, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 30(1), 53–75.
- Hodges, J. and Tizard, B. (1989b) Social and family relationships of ex-institutional adolescents, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 30(1), 77–97.



- Hoksbergen, R. (1997) Turmoil for adoptees during their adolescence?, *International Journal of Behavioral Development*, 20(1), 33–46.
- Hoksbergen, R. (2000) Changes in attitudes in three generations of adoptive parents: 1950–2000. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Hoksbergen, R., Dijkum, C. and Stoutjesdjik, F. (2002) Experiences of Dutch families who parent an adopted Romanian child, *Journal of Developmental and Behavioral Pediatrics*, 23(6), 403–409.
- Holden, W. (1994) Baby smuggling Britons freed, *The Electronic Telegraph*, 17 Nov.
- Horwath, J. (2000) Childcare with gloves on: protecting children and young people in residential care, *British Journal of Social Work*, 30(2), 179–191.
- Howe, D. and Fearnley, S. (1999) Disorders of attachment and attachment therapy, *Adoption and Fostering*, 23(2), 19–30.
- Howitt, D. (1982) *The Mass Media and Social Problems* (Oxford: Pergamon Press).
- Hughes, C., Dunn, J. and White, A. (1998) Trick or treat? Uneven understanding of mind and emotion and executive dysfunction in ‘hard-to-manage’ preschoolers, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(7), 981–994.
- Hughes, C., White, A., Sharpen, J. and Dunn, J. (2000) Antisocial, angry and unsympathetic: ‘hard-to-manage’ preschoolers’ peer problems and possible cognitive influences, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(2), 169–179.
- Humphrey, M. and Humphrey, H. (eds.) (1993) *Inter-Country Adoption: Practical Experiences* (London: Routledge).
- Ibrahim, G. and Galt, V. (2002) Bye-bye central planning, hello market hiccups: institutional transition in Romania, *Cambridge Journal of Economics*, 26(105–118).
- International Herald Tribune (2002) US study of Romanian children faces European challenge, *International Herald Tribune*. Available: [www.iht.com](http://www.iht.com) [2002, 6/06].
- Ioanid, I. (1991) *Inchisoarea Noastra Cea de Toate Zilele* [Our Daily Prison] (Bucuresti: Editura Albatros).



- Irhammar, M. and Cederblad, M. (2000) Outcome of intercountry adoption in Sweden. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Jackson, S. (1994) Educating children in residential and foster-care, *Oxford Review of Education*, 20(3), 267–279.
- Jackson, S. and Martin, P. Y. (1998) Surviving the care system: education and resilience, *Journal of Adolescence*, 21(5), 569–583.
- Jacobson, S. and Jacobson, J. (2001) Alcohol and drug-related effects on development: a new emphasis on contextual factors, *Infant Mental Health Journal*, 22(3), 416–430.
- Johnson, A. K., Edwards, R. L. and Puwak, H. (1993) Foster-care and adoption policy in Romania – suggestions for international intervention, *Child Welfare*, 72(5), 489–506.
- Johnson, B. R., Horga, M. and Andronache, L. (1996) Women's perspectives on abortion in Romania, *Social Science and Medicine*, 42(4), 521–530.
- Johnson, D. E. (1996) Adopting the institutionalised child: What are the risks?, Holt International Children's Services. Available: [www.holtintl.org](http://www.holtintl.org) [2000, 16/03].
- Johnson, D. E. (2002) Adoption and the effect on children's development, *Early Human Development*, 68, 39–54.
- Johnson, D. E., Miller, L. C., Iverson, S., Thomas, W., Franchino, B., Dole, K., Kiernan, M. T., Georgieff, M. K. and Hostetter, M. K. (1992) The health of children adopted from Romania, *Journal of the American Medical Association*, 268(24), 3446–3451.
- Johnson, J. M. (1995) Horror stories and the construction of child abuse. In J. Best (ed.), *Images of Issues: Typifying contemporary social problems* (Hawthorne, NY: Aldine de Gruyter).
- Jonson-Reid, M. and Barth, R. P. (2000) From placement to prison: the path to adolescent incarceration from child welfare supervised foster or group care, *Children and Youth Services Review*, 22(7), 493–516.



- Juffer, F. and Rosenboom, L. G. (1997) Infant–mother attachment of internationally adopted children in The Netherlands, *International Journal of Behavioral Development*, 20(1), 93–107.
- Kahan, B. (1994) *Growing Up in Groups* (London: National Institute for Social Work, HMSO).
- Kaler, S. R. and Freeman, B. J. (1994) Analysis of environmental deprivation: cognitive and social development in Romanian orphans, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(4), 769–781.
- King, R. D., Raynes, N. V. and Tizard, J. (1971) *Patterns of Residential Care: Sociological studies in institutions for handicapped children* (London: Routledge & Kegan Paul).
- Kligman, G. (1992) Abortion and international adoption in post-Ceaușescu Romania, *Feminist Studies*, 18(2), 405–419.
- Koluchova, J. (1976a) A report on the further development of twins after severe prolonged deprivation. In A. Clarke and A. Clarke (eds.), *Early Experience: Myth and evidence* (London: Open Books).
- Koluchova, J. (1976b) Severe deprivation in twins: a case study. In A. Clarke and A. Clarke (eds.), *Early Experience: Myth and evidence* (London: Open Books).
- Kolvin, I. (1995) Children in institutions, *British Journal of Psychiatry*, 167(1), 8–11.
- Kosonen, M. (1994) Sibling relationships for children in the care system, *Adoption and Fostering*, 18(3), 30.
- Kosonen, M. (1996a) Maintaining sibling relationships – neglected dimension in child care practice, *British Journal of Social Work*, 26(6), 809–822.
- Kosonen, M. (1996b) Siblings as providers of support and care during middle childhood: children's perceptions, *Children and Society*, 10(4), 267–279.
- Kosonen, M. (2000) Role of siblings in relation to children in residential care. In M. Chakrabarti and M. Hill (eds.), *Residential Childcare: International perspectives on links with families and peers* (London: Jessica Kingsley).



- Kreppner, J. M., O'Connor, T. G., Dunn, J. and Andersen-Wood, L. (1999) The pretend and social role play of children exposed to early severe deprivation, *British Journal of Developmental Psychology*, 17, 319–332.
- Kreppner, J. M., O'Connor, T. G., Rutter, M., Beckett, C., Castle, J., Croft, C., Dunn, J. and Groothues, C. (2001) Can inattention/overactivity be an institutional deprivation syndrome?, *Journal of Abnormal Child Psychology*, 29(6), 513–528.
- Laskin, I. (2001) *Plight of Romanian orphans*, International Association of Voluntary Adoption Agencies and NGOs. Available: [www.iavaan.com](http://www.iavaan.com) [2003, 15/01].
- Lataianu, C. M. (2003) Social protection of children in public care in Romania from the perspective of EU integration, *International Journal of Law Policy and the Family*, 17(1), 99–120.
- Leidig, M. and Booth, J. (2003) Joy for British couples as Romania lifts its ban on sending orphans abroad, *The Sunday Telegraph*, 1 June.
- Levy, A. and Kahan, B. (1991) *The Pindown experience and the protection of children: The report of the Staffordshire Child Care Inquiry 1990* (Staffordshire: Staffordshire County Council, Social Services Dept).
- Levy-Shiff, R., Zoran, N. and Shulman, S. (1997) International and domestic adoption: child, parents and family adjustment, *International Journal of Behavioral Development*, 20(1), 109–129.
- Lewis, A. and Lindsay, G. (eds.) (2000) *Researching Children's Perspectives* (Milton Keynes: Open University Press).
- Lewis, M., Feiring, C. and Rosenthal, S. (2000) Attachment over time, *Child Development*, 71(3), 707–720.
- Liddy, M. (1991) *A Visit to Videle: Ten days in a Romanian orphanage* (Romanian Children's Appeal: Guildhall Press).
- Liegeois, J.-P. and Gheorghe, N. (1995) *Roma/Gypsies: A European minority* (4) (Report of Minority Rights Group International).
- Little, M., Leitch, H. and Bullock, R. (1995) The care careers of long-stay children – the contribution of new theoretical approaches, *Children and Youth Services Review*, 17(5–6), 665–679.



- Livianu, D. (2001) *Letter to Santa Claus*, International Association of Voluntary Adoption Agencies and NGOs. Available: [www.iavaan.com](http://www.iavaan.com) [2003, 15/01].
- Lopez, M. A. and Heffer, R. W. (1998) Self-concept and social competence of university student victims of childhood physical abuse, *Child Abuse and Neglect*, 22(3), 183–195.
- Lowe, M. (1993) Romania – moving towards family-based care, *Adoption and Fostering*, 17(1), 21–25.
- Lvoff, N. M., Lvoff, V. and Klaus, M. H. (2000) Effect of the baby-friendly initiative on infant abandonment in a Russian hospital, *Archives of Pediatrics and Adolescent Medicine*, 154(5), 474–477.
- McMunn, A. M., Nazroo, J. Y., Marmot, M. G., Boreham, R. and Goodman, R. (2001) Children's emotional and behavioural well-being and the family environment: Findings from the Health Survey for England, *Social Science and Medicine*, 53, 423–440.
- McAleer, P. (2001) Romania urged to deal with unwanted babies, *Financial Times*, 30 May.
- McGinn, M. F. (2001) Attachment and psychological separation in adopted and non-adopted adolescents, Unpublished Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol. 62(2-B), Aug.
- Macavei, E. (1986) Consecintele separarii de familie asupra dezvoltarii psihosociale a copilului [The consequences of the separation from the family on the child's psychosocial development], *Revista de Psihologie*, 32(1), 44–53.
- Macavei, E. (1989) *Familia si Casa de Copii* [The Family and the Children's Home] (Bucuresti: Editura Litera).
- Macura, M. (1974) Population policies in socialist countries of Europe, *Population Studies*, 28(3), 369–379.
- Madge, N. (1994) *Children and Residential Care in Europe* (London: National Children's Bureau; European Children's Centre).
- Magrit, V. (1994) The dream of care planning in Romania, *Care Plan*, 1(2), 25.



- Makinen, I. H. (2000) Eastern European transition and suicide mortality, *Social Science and Medicine*, 51(9), 1405–1420.
- Manea, L. (1996) Politica sociala fata de persoanele cu dizabilitati [Social policy for disabled people]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).
- Manoiu, F. and Epureanu, V. (1996) *Asistenta Sociala in Romania* [Social Work in Romania] (Bucuresti: Editura ALL).
- Marcovitch, S., Cesaroni, L., Roberts, W. and Swanson, C. (1995) Romanian adoption: parents' dreams, nightmares, and realities, *Child Welfare*, 74(5), 993–1017.
- Marcovitch, S., Goldberg, S., Gold, A., Washington, J., Wasson, C., Krekewich, K. and HandleyDerry, M. (1997) Determinants of behavioural problems in Romanian children adopted in Ontario, *International Journal of Behavioral Development*, 20(1), 17–31.
- Markiewicz, D., Doyle, A. B. and Brendgen, M. (2001) The quality of adolescents' friendships: associations with mothers' interpersonal relationships, attachments to parents and friends, and prosocial behaviors, *Journal of Adolescence*, 24(4), 429–445.
- Marsh, P. (1998/99) Leaving care and extended families, *Adoption and Fostering*, 22(4), 6–14.
- Marsh, P. and Peel, M. (1999) *Leaving Care in Partnership: Family involvement with care leavers* (London: HMSO).
- Mayer, M. F. (1972) The parental figures in residential treatment. In J. K. Whittaker and A. E. Trieschman (eds.), *Children Away from Home: A sourcebook of residential treatment* (Chicago, IL: Aldine).
- Mekkaovi, A. (2000) Challenges of harmonising the financial flow with decentralisation. Paper presented at the 'Children Deprived of Parental Care' Conference (Budapest, Hungary). Available: [www.eurochild.gla.ac.uk/changing/documents/Conference/](http://www.eurochild.gla.ac.uk/changing/documents/Conference/) [2002, 31/01]).



- Mihailescu, I. (1996) Politici sociale in domeniul populatiei si familiei [Social policy for families]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).
- Mihut, L. (1994) The emergence of political pluralism in Romania, *Communist and Post-Communist Studies*, 27(4), 411–422.
- Miller, L. C., Kiernan, M. T., Mathers, M. I. and Klein-Gitelman, M. (1995) Developmental and nutritional status of internationally adopted children, *Archives of Pediatrics and Adolescent Medicine*, 149(1), 40–44.
- Millham, S., Bullock, R., Hosie, K. and Haak, M. (1986) *Lost In Care: The problems of maintaining links between children in care and their families* (Brookfield: Gower).
- Minty, B. (1999) Annotation: outcomes in long-term foster family care, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(7), 991–999.
- Minty, B. (2000) A review of the effects of living long-term in substitute care in the context of a discussion of outcome criteria, *Social Work and Social Sciences Review*, 8(3), 169–193.
- Momeu, L. (2000) *Romania example: Making choices to ensure family centred outcomes*. Paper presented at the 'Children Deprived of Parental Care' Conference (Budapest, Hungary). Available: [www.eurochild.gla.ac.uk/changing/documents/Conference/](http://www.eurochild.gla.ac.uk/changing/documents/Conference/) [2002, 31/01]).
- Morgan, P. M. (1998) *Adoption and the care of children: The British and American experience* (London: IEA Health and Welfare Unit).
- Morison, S. J., Ames, E. W. and Chisholm, K. (1995) The development of children adopted from Romanian orphanages, *Merrill-Palmer Quarterly Journal of Developmental Psychology*, 41(4), 411–430.
- Morison, S. J. and Ellwood, A. L. (2000) Resiliency in the aftermath of deprivation: a second look at the development of Romanian orphanage children, *Merrill-Palmer Quarterly Journal of Developmental Psychology*, 46(4), 717–737.



- Morton, N. and Browne, K. (1998) Theory and observation of attachment and its relation to child maltreatment: a review, *Child Abuse and Neglect*, 22(11), 1093–1104.
- Munoz-Hoyos, A., Augustin-Morales, M. C., Ruiz-Cosano, C., Molina-Carballo, A., Fernandez-Garcia, J. M. and Galdo-Munoz, G. (2001) Institutional childcare and the affective deficiency syndrome: consequences on growth, nutrition and development, *Early Human Development*, 65, 145–152.
- Muresan, C. (1999) The decrease of life-expectancy at birth in Romania: some crisis contributing factors, *Health and Place*, 5(2), 187–192.
- Muris, P., Meesters, C., van Melick, M. and Zwambag, L. (2001) Self-reported attachment style, attachment quality, and symptoms of anxiety and depression in young adolescents, *Personality and Individual Differences*, 30(5), 809–818.
- NCCP and Unicef (1996) *The Situation of Child and Family in Romania* (Bucharest: National Committee for Child Protection of Romanian Government and Unicef Romania Country Office).
- Nelson, D. N. (1988) *Romanian Politics in the Ceaușescu Era* (New York: Gordon and Beach Science Publishers).
- Nelson, D. N. (1989) Ceaușescu-cult and local-politics in Romania, *Osteuropa*, 39(4), 371–384.
- Nicholson, E. (2001) *Report on Romania's Application for Membership of the European Union and the State of Negotiations* (Brussels: European Parliament).
- Nicholson, E. (2002) *Emma Nicholson, MEP*. Available: [www.emmanicholson.net](http://www.emmanicholson.net) [2003, 1/03].
- O'Brian, C. (1997/8) International adoptions from China, *Adoption and Fostering*, 21(4), 6–13.
- O'Connor, T. G., Bredenkamp, D., Rutter, M. and the English and Romanian Adoptees Study Team (1999) Attachment disturbances and disorders in children exposed to early severe deprivation, *Infant Mental Health Journal*, 20(1), 10–29.
- O'Connor, T. G. and Hirsch, N. (1999) Intra-individual differences and relationship-specificity of mentalising in early adolescence, *Social Development*, 8(2), 256–274.



- O'Connor, T. G., Rutter, M. and the English and Romanian Adoptees Study Team (2000a) Attachment disorder behavior following early severe deprivation: extension and longitudinal follow-up, *Journal of the American Academy of Child and Adolescent Psychiatry*, 39(6), 703–712.
- O'Connor, T. G., Rutter, M., Beckett, C., Keaveney, L., Kreppner, J. M., and the English and Romanian Adoptees Study Team (2000b) The effects of global severe privation on cognitive competence: extension and longitudinal follow-up, *Child Development*, 71(2), 376–390.
- Ocrotiti Copiii (1992) *Studiu Privind Situatia Caselor de Copii din Romania* [Study Regarding the Children's Homes in Romania] (Bucuresti: Ocrotiti Copii [Protect the Children]).
- Olson, H. C., O'Connor, M. J. and Fitzgerald, H. E. (2001) Lessons learned from study of the developmental impact of parental alcohol use, *Infant Mental Health Journal*, 22(3), 271–290.
- Owusu-Bempah, J. and Howitt, D. (1997) Socio-genealogical connectedness, attachment theory, and childcare practice, *Child and Family Social Work*, 2(4), 199–208.
- Owusu-Bempah, K. and Howitt, D. (2000) Socio-genealogical connectedness: on the role of gender and same-gender parenting in mitigating the effects of parental divorce, *Child and Family Social Work*, 5(2), 107–116.
- Page, T. F. (2001) Attachment and personality disorders: exploring maladaptive developmental pathways, *Child and Adolescent Social Work Journal*, 18(5), 313–334.
- Pal, S., Shyam, R. and Singh, R. (1997) Genetic analysis of general intelligence 'g': a twin study, *Journal of Personality and Individual Differences*, 22(5), 779–780.
- Parker, G., Tupling, H. and Brown, L. B. (1979) A parental bonding instrument, *British Journal of Medical Psychology*, 52(1–10).
- Peterson, C., Maier, S. F. and Seligman, M. E. P. (1993) *Learned Helplessness – A theory for the age of personal control?* (Oxford: Oxford University Press).
- Petrakos, G. (2001) Patterns of regional inequality in transition economies, *European Planning Studies*, 9(3), 359–383.



- Phinnemore, D. (2001) Stuck in the 'Grey Zone'? – fears and frustrations in Romania's quest for EU membership, *Perspectives on European Politics and Society*, 1(1), 95–121.
- Pinkerton, J. and Stein, M. (1995) Responding to the needs of young people leaving state care: law, practice and policy in England and Northern Ireland, *Children and Youth Services Review*, 17(5/6), 697–709.
- Pond, E. (2001) Romania: better late than never, *Washington Quarterly*, 24(2), 35–43.
- Popescu, K. (2000) Paedophilia on the rise in Romania, *Reuters*, 16 March.
- Popescu, L. (1997) A change of power in Romania: the results and significance of the November 1996 elections, *Government and Opposition*, 32(2), 172–186.
- Popova, D. (2002) The impact of gender composition of households on inequality and poverty: a comparison across Russia and Eastern Europe, *Communist and Post-Communist Studies*, 35, 395–409.
- Pullar, V. (1991) *Romanian Babies: Robbery or rescue?* (1st ed.) (Thorndon, Wellington, NZ: Daphne Brasell Associates Press).
- QSR International Pty Ltd (2000) NUD\*IST, QSR N5 software for qualitative data analysis (Version N5) (Australia).
- Quinton, D. and Rutter, M. (1984a) Parents with children in care: I: Current circumstances and parenting, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 25(2), 211–229.
- Quinton, D. and Rutter, M. (1984b) Parents with children in Care: II: Intergenerational continuities, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 25(2), 231–250.
- RAC (2000) *Romanian Adoption Committee*, Romanian Adoption Committee. Available: [http://www.romanianadoptii.ro/english/home\\_e.html](http://www.romanianadoptii.ro/english/home_e.html) [2000, 22/11/2000].
- Radu, I. (1990) Romanian psychology in the last fifteen years, *Studia Psychologica*, 32(5), 279–283.
- Ralph, M. (1994) Realising the rights of institutionalised Romanian children, *Educational and Child Psychology*, 11(4), 35–44.



- Ramon, S. (1996) West–East European social work educational initiatives: continuing dilemmas, *Social Work in Europe*, 3(2), 51–53.
- Ratiu, I. (1975) *Contemporary Romania: Her place in world affairs* (1st ed.) (Richmond: Foreign Affairs).
- Raven, J. (1995) Methodological problems with the 1992 standardisation of the SPM: a response, *Personality and Individual Differences*, 18(3), 443.
- Raven, J. (1996) Raven's Progressive Matrices, *International Journal of Psychology*, 31(3/4), 375.
- Raven, J. (2000) The Raven's Progressive Matrices: change and stability over culture and time, *Cognitive Psychology*, 41(1), 1–48.
- Raven, J. C., Court, J. H. and Raven, J. (1988) Standard Progressive Matrices (1988 Edition with US norms). In J. C. Raven (ed.), *Manual for Raven's Progressive Matrices and Vocabulary Scales* (London: Lewis).
- Reich, D. (1990) Children of the nightmare, *Adoption and Fostering*, 14(3), 9–15.
- Reuters (2000) Tenth of Romanian children sexually abused, *Reuters*, 7 Dec.
- Richards, M. (2002) The irreducible needs of children. What every child must have to grow, learn and flourish, by T. B. Brazelton and S. I. Greenspan – book review, *Early Human Development*, 68, 65–66.
- Rodgers, B. and Pryor, J. (1998) *Divorce and Separation: The outcomes for children*: Joseph Rowntree Foundation).
- Roman, D. (2001) Gendering Eastern Europe: pre-feminism, prejudice, and East–West dialogues in post-Communist Romania, *Women's Studies International Forum*, 24(1), 53–66.
- Roper, S. D. (2000) *Romania: The unfinished revolution* (Amsterdam: Harwood Academic).
- Rose, R. and Mishler, W. (1998) Negative and positive party identification in post-Communist countries, *Electoral Studies*, 17(2), 217–234.
- Rosenthal, M. K. (1999) Out-of-home child care research: a cultural perspective, *International Journal of Behavioral Development*, 23(2), 477–518.



- Roth, M. (1999) Children's rights in Romania: problems and progress, *Social Work in Europe*, 6(3), 30–37.
- Rothbaum, F., Weisz, J., Pott, M., Miyake, K. and Morelli, G. (2000) Attachment and culture, *American Psychologist*, 55(10), 1093–1104.
- Roth-Szamoskozi, M. (1999) *Protectia copilului: Dileme, Conceptii si Metode* [Child Protection: Dilemmas, Concepts and Methods] (Cluj-Napoca: Editura Presa Universitara Clujeana).
- Roy, P., Rutter, M. and Pickles, A. (2000) Institutional care: risk from family background or pattern of rearing?, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(2), 139–149.
- Rushton, A., Dance, C., Quinton, D. and Mayes, D. (2001) *Siblings in Late Permanent Placement* (London: British Agencies for Adoption and Fostering).
- Rutter, M. (1972) *Maternal Deprivation Reassessed* (1st ed.) (Harmondsworth: Penguin Books).
- Rutter, M. (1999) Resilience concepts and findings: implications for family therapy, *Journal of Family Therapy*, 21(2), 119–144.
- Rutter, M. (2000a) Children in substitute care: some conceptual considerations and research implications, *Children and Youth Services Review*, 22(9–10), 685–703.
- Rutter, M. (2000b) Psychosocial influences: critiques, findings, and research needs, *Development and Psychopathology*, 12(3), 375–405.
- Rutter, M. (2000c) Risks and outcomes in developmental psychopathology, *British Journal of Psychiatry*, 177, 569–569.
- Rutter, M., Andersen-Wood, L., Beckett, C., Bredenkamp, D., Castle, J., Groothues, C., Kreppner, J., Keaveney, L., Lord, C. and O'Connor, T. G. (1998) Developmental catch-up, and deficit, following adoption after severe global early privation, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(4), 465–476.
- Rutter, M., Silberg, J., O'Connor, T. and Simonoff, E. (1999a) Genetics and child psychiatry: I: advances in quantitative and molecular genetics, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(1), 3–18.



- Rutter, M., Andersen-Wood, L., Beckett, C., Bredenkamp, D., Castle, J., Groothues, C., Kreppner, J., Keaveney, L., Lord, C. and O'Connor, T. G. (1999b) Quasi-autistic patterns following severe early global privation, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(4), 537–549.
- Rutter, M., Kreppner, J. M. and O'Connor, T. G. (2001) Specificity and heterogeneity in children's responses to profound institutional privation, *British Journal of Psychiatry*, 179 (Aug.), 97–103.
- Rutter, M. and Madge, N. (1976) *Cycles of Disadvantage: A review of research* (London: Heinemann).
- Rutter, M., O'Connor, T., Beckett, C., Castle, J., Croft, C. and Dunn, J. (2000) Recovery and deficit following profound early deprivation. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Rutter, M., Tizard, J. and Whitmore, K. (eds.) (1981) *Education, Health, and Behaviour* (Huntington, NY: Krieger).
- Saclier, C. (2000) In the best interests of the child? In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Sadlak, J. (1993) Legacy and change – higher education and restoration of academic work in Romania, *Technology in Society*, 15(1), 75–100.
- Saetersdal, B. and Dalen, M. (2000) Identity formation in a homogeneous country: Norway. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Saiman, L. (2001) Prevalence of infectious diseases among internationally adopted children, *Pediatrics* (Sept).
- Samuelsson, M., Thernlund, G. and Ringstrom, J. (1996) Using the Five Field Map to describe the social network of children: a methodological study, *International Journal of Behavioral Development*, 19(2), 327–345.
- Sellick, C. (1997) Developing a professional social work practice in Romania, *Social Work in Europe*, 4(2), 49–52.



- Selman, P. (ed.) (2000) *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).
- Selman, P. (2002) Intercountry adoption in the new millennium: the 'quiet migration' revisited, *Population Research and Policy Review*, 21(3), 205 – 225.
- Serbanescu, F., Morris, L., Stupp, P. and Stanescu, A. (1995) The impact of recent policy changes on fertility, abortion, and contraceptive use in Romania, *Studies in Family Planning*, 26(2), 76–87.
- Serbanescu, S. (1963) *Codul Familiei: Commentat si adnotat* [Family Law: Commentaries] (Bucuresti: Editura Stiintifica).
- Serbin, L. A. (1997) Research on international adoption: implications for developmental theory and social policy, *International Journal of Behavioral Development*, 20(1), 83–92.
- Shafir, M. (1997) Romania's road to 'normalcy', *Journal of Democracy*, 8(2), 144–158.
- Shapiro, D. L. and Levendosky, A. A. (1999) Adolescent survivors of childhood sexual abuse: the mediating role of attachment style and coping in psychological and interpersonal functioning, *Child Abuse and Neglect*, 23(11), 1175–1191.
- Shaw, C. (1998) *Remember My Messages: The experiences and views of 2000 children in public care in the UK* (London: Who Cares Trust).
- Siani-Davies, P. (1996) Romanian revolution or coup d'état? A theoretical view of the events of December 1989, *Communist and Post-Communist Studies*, 29(4), 453–465.
- Simkins, J. (1998) *Ceausescu's Children: The amazing story of one woman's mission to Romanian orphans* (London: Marshall Pickering).
- Skoufias, E. (1998) Determinants of child health during the economic transition in Romania, *World Development*, 26(11), 2045–2056.
- Skuse, D. (1984a) Extreme deprivation in early childhood: I: Diverse outcomes for three siblings from an extraordinary family, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 25(4), 523–541.



- Skuse, D. (1984b) Extreme deprivation in early childhood: II: Theoretical issues and a comparative view, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 25(4), 543–572.
- Skuse, D. (1985) Extreme deprivation in early childhood: a reply, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 26(5), 827–828.
- Sloutsky, V. M. (1997) Institutional care and developmental outcomes of 6- and 7-year-old children: a contextualist perspective, *International Journal of Behavioural Development*, 20(1), 131–151.
- Smith, M. C. (1998) Sibling placement in foster care: an exploration of associated concurrent preschool-aged child functioning, *Children and Youth Services Review*, 20(5), 389–412.
- Smyke, A. T., Dumitrescu, A. and Zeanah, C. H. (2002) Attachment disturbances in young children: I: the continuum of caretaking casualty, *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(8), 972–982.
- Sorelle, R. (1996) Born to be forgotten, *Houston Chronicle*. Available: [www.chron.com](http://www.chron.com) [2000, 25/02/2000].
- Spira, A., Scippa, L., Berthet, C., Meuret, C., Besozzi, R. and Cramer, B. (2000) Hospitalism in the year 2000: the psychological development of children in a Romanian orphanage, *Psychiatrie De L'Enfant*, 43(2), 587–646.
- SPSS Inc. (1997) SPSS (Version v. 10) (USA: Microsoft).
- Stahl, H. H. (1980) *Traditional Romanian Village Communities: The transition from the communal to the capitalist mode of production in the Danube region* (Cambridge: Cambridge University Press).
- Stams, G.-J., Juffer, F., Rispen, J. and Hoksbergen, R. (2000) The development and adjustment of 7-year-old children adopted in infancy, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(8), 1025–1037.
- Stan, L. (1995) Romanian privatisation: assessment of the first five years, *Communist and Post-Communist Studies*, 28(4), 427–435.



- Stephenson, P., Anghelescu, C., Fumarel, S., Georgescu, A., Iorgulescu, D., McCreery, R., Nanu, R., Palacari, G., Popa, S., Stanescu, A. and Stativa, E. (1993) Training needs of staff in Romanian institutions for young children, *Child Care Health and Development*, 19(3), 221–234.
- Stephenson, P. A., Anghelescu, C., Bobe, N., Ciomartan, T., Gaisteanu, M., Fumarel, S., Goldis, C., Georgescu, A., Ionescu, M., Iorgulescu, D., Lupu, R., McCreery, R., McKay, S., Manescu, V., Mihai, B., Moldovanu, F., Moldovan, Z., Morosam, I., Nanu, R., Nicolau, A., Palikari, G., Pascu, C., Popa, S., Popescu, P., Raican, A., Stanescu, A., Stativa, E. and Stoica, M. (1994) The causes of children's institutionalisation in Romania, *Child Care Health and Development*, 20(2), 77–88.
- Stocker, C. M. (1994) Children's perceptions of relationships with siblings, friends, and mothers: compensatory processes and links with adjustment, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(8), 1447–1459.
- Stoneman, Z. (2001) Supporting positive sibling relationships during childhood, *Mental Retardation and Developmental Disabilities Research Reviews*, 7, 134–142.
- Strauss, J. (1996) Aid worker accused of helping to buy baby, *The Electronic Telegraph*, 23 May.
- Sturgess, W., Dunn, J. and Davies, L. (2001) Young children's perceptions of their relationships with family members: links with family settings, friendships and adjustment, *International Journal of Behavioral Development*, 25(6), 521–529.
- Taneja, V., Sriam, S., Beri, R. S., Sreenivas, V., Aggarwal, R., Kaur, R. and Puliye, J. M. (2002) 'Not by bread alone': impact of a structured 90-minute play session on development of children in an orphanage, *Child: Care, Health and Development*, 28(1), 95–100.
- Teitelbaum, M. S. (1972) Fertility effects of the abolition of legal abortions in Romania, *Population Studies*, 26(3), 405–417.
- Terwogt, M. M., Schene, J. and Koops, W. (1990) Concepts of emotion in institutionalised children, *Journal of Child Psychology and Psychiatry*, 31(7), 1131–1143.
- Tesliuc, C. M. and Pop, L. (1999) *Poverty, Inequality and Social Protection in Romania* (Washington: World Bank).



- Thoburn, J. and Charles, M. (1992) *Inter-Departmental Review of Adoption Law: A review of research which is relevant to intercountry adoption*. Background Paper No. 3: Intercountry Adoption (Department of Health, Welsh Office and Scottish Office).
- Thompson, A. M. (1986) Adam – a severely-deprived Colombian orphan: a case report, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 27(5), 689–695.
- Thompson, R. A. (2000) The legacy of early attachments, *Child Development*, 71(1), 145–152.
- Thompson, R. W., Smith, G. L., Osgood, D. W., Dowd, T. P., Friman, P. C. and Daly, D. L. (1996) Residential care: a study of short- and long-term educational effects, *Children and Youth Services Review*, 18(3), 221–242.
- Tismaneanu, V. (1986) Byzantine rites, Stalinist follies – the twilight of dynastic socialism in Romania, *Orbis: A Journal of World Affairs*, 30(1), 65–90.
- Tismaneanu, V. (1989) Personal power and political crisis in Romania, *Government and Opposition*, 24(2), 177–198.
- Tismaneanu, V. (1999) Understanding national Stalinism: reflections on Ceaușescu's socialism, *Communist and Post-Communist Studies*, 32(2), 155–173.
- Tizard, B. (1977) *Adoption: A second chance* (London: Open Books).
- Tizard, B. (1991) Intercountry adoption – a review of the evidence, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 32(5), 743–756.
- Tizard, B. and Hodges, J. (1978) The effect of early institutional rearing on the development of eight-year-old children, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 19, 99–118.
- Tizard, B. and Rees, J. (1974) A comparison of the effects of adoption, restoration to the natural mother, and continued institutionalisation on the cognitive development of four-year-old children, *Child Development*, 45, 92–99.
- Tizard, B. and Rees, J. (1975) The effect of early institutional rearing on the behaviour problems and affectional relationships of four-year-old children, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 16, 61–73.



- Tobis, D. (2000) *Moving from Residential Institutions to Community-based Social Services in Central and Eastern Europe and the Former Soviet Union* (Washington, DC: The World Bank).
- Tolfree, D. (1995) *Roofs and Roots: The care of separated children in the developing world* (Aldershot: Arena, Save the Children Fund).
- Triseliotis, J. (1994) Setting up foster care programs in Romania: background, possibilities and limitations, *Community Alternatives*, 6(1), 75–92.
- Triseliotis, J. (2000) Intercountry adoption: global trade or global gift?, *Adoption and Fostering*, 24(2), 45–54.
- Triseliotis, J. (2002) Long-term foster care or adoption? The evidence examined, *Child and Family Social Work*, 7(1), 23–34.
- Triseliotis, J. and Hill, M. (1990) Contrasting adoption, foster care and residential rearing. In D. Brodzinsky and M. D. Schechter (eds.), *The Psychology of Adoption* (Oxford: Oxford University Press).
- Triseliotis, J. P., Shireman, J. F. and Hundleby, M. (1997) *Adoption: Theory, policy and practice* (London: Cassell).
- Tsiantis, J., Perakis, A., Kordoutis, P., Kolaitis, G. and Zacharias, V. (1995) The Leros PIKPA Asylum. Deinstitutionalisation and rehabilitation project, *British Journal of Psychiatry*, 167(28), 10–45.
- Turnock, D. (1990) Romania – Ceaușescu legacy, *Geography*, 75(328), 260–263.
- Unicef (1990) *Report of Unicef Mission to Develop Emergency Assistance Programme for Institutionalised Children in Romania* (Unicef).
- Unicef (1991) *Causes of Institutionalisation of Romanian Children in Leagane and Sectii de Distrofici: Report of a population-based study with recommendations* (Bucharest: Romanian Ministry of Health, Institute of Mother and Child Care and Unicef).
- Unicef (1997) *Children at Risk in Central and Eastern Europe: Perils and promises* (Florence: The MONEE Project, Regional Monitoring Report No. 4).



Unicef (1999) *After the Fall: The human impact of ten years of transition* (Florence: Unicef Innocenti Research Centre).

Unicef (2000) Leaving institutional care – Romania. In Unicef (ed.), *Young Voices in Changing Societies* (Florence: Unicef Innocenti Research Centre).

Unicef (2001a) *A Decade of Transition*, Regional Monitoring Report No. 8 (Florence: Unicef Innocenti Research Centre).

Unicef (2001b) *TransMONEE 2001 Database* (Florence: Innocenti Research Centre). Available: [www.unicef-icdc.org](http://www.unicef-icdc.org) [2003, 10/01].

Unicef (2002) *Social Monitor 2002: The MONEE Project CEE/CIS/Baltics* (Florence: Unicef Innocenti Research Centre).

Universitatea din Cluj-Napoca (1986) Premise teoretice si practice privitoare la factorii aptitudinali si talentului [Theoretical and practical premises regarding the cognitive ability factors] (unpublished report) (Cluj-Napoca: Universitatea din Cluj-Napoca, Centrul de Stiinte Sociale,).

Verhulst, F. C. (2000) The development of internationally adopted children. In P. Selman (ed.), *Intercountry Adoption: Developments, trends and perspectives* (London: British Agencies for Adoption and Fostering).

Verhulst, F. C., Althaus, M. and Versluis-Den Bieman, H. J. M. (1992) Damaging backgrounds – later adjustment of international adoptees, *Journal of the American Academy of Child and Adolescent Psychiatry*, 31(3), 518–524.

Verhulst, F. C. and Koot, H. M. (1991) Longitudinal research in child and adolescent-psychiatry, *Journal of the American Academy of Child and Adolescent Psychiatry*, 30(3), 361–368.

Verhulst, F. C. and Versluis-Den Bieman, H. J. M. (1995) Developmental course of problem behaviors in adolescent adoptees, *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(2), 151–159.

Vlasceanu, L. (1996) Politica sociala in domeniul educatiei [Social policy in education]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).



- Vondra, J. I. and Barnett, D. (eds.) (1999) *Atypical Attachment in Infancy and Early Childhood among Children at Developmental Risk* (Oxford: Blackwell).
- Vondra, J. I., Dowdell Hommerding, K. and Shaw, D. (1999) Stability and change in infant attachment in a low-income sample. In J. I. Vondra and D. Barnett (eds.), *Atypical Attachment in Infancy and Early Childhood among Children at Developmental Risk* (Oxford: Blackwell).
- Vorria, P., Rutter, M., Pickles, A., Wolkind, S. and Hobsbaum, A. (1998a) A comparative study of Greek children in long-term residential group care and in two-parent families: I: Social, emotional, and behavioural differences, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(2), 225–236.
- Vorria, P., Rutter, M., Pickles, A., Wolkind, S. and Hobsbaum, A. (1998b) A comparative study of Greek children in long-term residential group care and in two-parent families: II: Possible mediating mechanisms, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 39(2), 237–245.
- Waters, E. and Cummings, E. M. (2000) A secure base from which to explore close relationships, *Child Development*, 71(1), 164–172.
- Waters, E., Hamilton, C. E. and Weinfield, N. S. (2000c) The stability of attachment security from infancy to adolescence and early adulthood: general introduction, *Child Development*, 71(3), 678–683.
- Waters, E., Merrick, S., Treboux, D., Crowell, J. and Albersheim, L. (2000a) Attachment security in infancy and early adulthood: a twenty-year longitudinal study, *Child Development*, 71(3), 684–689.
- Waters, E., Weinfield, N. S. and Hamilton, C. E. (2000b) The stability of attachment security from infancy to adolescence and early adulthood: general discussion, *Child Development*, 71(3), 703–706.
- Watkins, D. (1994) Romania, overseas adoption and the White Paper, *Adoption and Fostering*, 18(3), 21.
- Weinfield, N. S., Sroufe, L. A. and Egeland, B. (2000) Attachment from infancy to early adulthood in a high-risk sample: continuity, discontinuity, and their correlates, *Child Development*, 71(3), 695–702.



- Weiss, R. S. (1991) The attachment bond in childhood and adulthood. In C. M. Parkes, J. Stevenson-Hinde and P. Marris (eds.), *Attachment Across the Life Cycle* (London: Routledge).
- Wolff, P. H. and Fesseha, G. (1998) The orphans of Eritrea: are orphanages part of the problem or part of the solution?, *American Journal of Psychiatry*, 155(10), 1319–1324.
- Wolff, P. H. and Fesseha, G. (1999) The orphans of Eritrea: a five-year follow-up study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 40(8), 1231–1237.
- Wolff, P. H., Tesfai, B., Egasso, H. and Aradom, T. (1995) The orphans of Eritrea: a comparison study, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 36(4), 633.
- Wolke, D., Woods, S., Bloomfield, L. and Karstadt, L. (2000) The association between direct and relational bullying and behaviour problems among primary school children, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(8), 989–1002.
- Wolkind, S. (1974) The components of 'affectionless psychopathy' in institutionalised children, *Journal of Child Psychology and Psychiatry*, 15, 215–220.
- Wolkind, S. and Rutter, M. (1973) Children who have been 'in care' – an epidemiological study, *Journal of Child Psychology and Psychiatry*, 14, 97–105.
- Woodward, L. J. and Fergusson, D. M. (2000) Childhood peer relationship problems and later risk of educational under-achievement and unemployment, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 41(2), 191–201.
- Zamfir, C. (1996a) Politica sociala in Romania in tranzitie [Social policy in Romania in transition]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).
- Zamfir, C. (1996b) Politicile sociale in Europa de Est in tranzitie [Social policy in Eastern Europe in transition]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).



Zamfir, C. and Zamfir, E. (eds.) (1996) *Politici Sociale: Romania in Context European* [Social Policy: Romania in the European Context] (Bucuresti, Romania: Editura Alternative).

Zamfir, E. (1996c) Politica de protectie a copilului in Romania [The child protection policy in Romania]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).

Zamfir, E. (1996d) Serviciile de asistenta sociala [The social work services]. In C. Zamfir and E. Zamfir (eds.), *Politici Sociale: Romania in context European* [Social Policy: Romania in the European Context] (Bucuresti: Editura Alternative).

Zamfir, E. (1997) Social services for children at risk: the impact on the quality of life, *Social Indicators Research*, 42(1), 41–76.

Zamfir, E. and Zamfir, C. (1993) *Tigani – Intre Ignorare si Ingrijorare* [The Gypsies – Between Ignorance and Concern] (Bucuresti, Romania: Editura Alternative).

Zeanah, C. H., Smyke, A. T. and Dumitrescu, A. (2002) Attachment disturbances in young children: II: Indiscriminate behavior and institutional care, *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(8), 983–989.



## Further Reading<sup>1</sup>

- Acton, T. (ed.) (1999) *Gypsy Politics and Traveller Identity* (Hertfordshire: University of Hertfordshire Press).
- Adler, N., Mueller, G. O. W. and Ayat, M. (1993) Psychiatry under tyranny – a report on the political abuse of Romanian psychiatry during the Ceauşescu years, *Current Psychology*, 12(1), 3–17.
- Aldridge, M. (1999) Poor relations: state social work and the press in the UK. In B. Franklin (ed.), *Social Policy, the Media and Misrepresentation* (London: Routledge).
- Altshuler, S. J. (1998) Child well-being in kinship foster care: similar to, or different from, non-related foster care?, *Children and Youth Services Review*, 20(5), 369–388.
- Anastasoae, V. and Tarnovschi, D. (eds.) (2001) *Proiecte pentru Rommi din Romania* [Projects for Romanian Romas] (Cluj-Napoca: Fundatia CRDE).
- Andersson, G. (1999) Children in residential and foster care – a Swedish example, *International Journal of Social Welfare*, 8(4), 253–266.
- Armsden, G. C., McCauley, E., Greenberg, M. T., Burke, P. M. *et al.* (1990) Parent and peer attachment in early adolescent depression, *Journal of Abnormal Child Psychology*, 18(6), 683–697.
- Backehansen, E. (1994) Contact between young-children in long-term care and their parents, *Scandinavian Journal of Social Welfare*, 3(1), 24–30.
- Bainham, A., Sclater, S. D. and Richards, M. (1999) *What is a parent? A socio-legal analysis* (Oxford: Hart).
- Bamford, D., Coposescu, S. and Ross, J. (2000) A challenge in Transylvania: major issues associated with creating a postgraduate social work course in Romania, *Social Work in Europe*, 7(2), 8–17.

---

<sup>1</sup> This list comprises references consulted but not cited in the text.



- Barooah, S. and Phukan, M. (1999) A comparative study of self-concept of orphan children and children with natural parents, *Indian Psychological Review*, 52(2), 74–78.
- Barth, R. P. and Needell, B. (1996) Outcomes for drug-exposed children four years post-adoption, *Children and Youth Services Review*, 18(1–2), 37–56.
- Beckett, C., Bredenkamp, D., Castle, J. and Groothues, C. (1999) The role of social workers in intercountry adoption: an analysis of the experience of adopters from Romania, *Adoption and Fostering*, 23(4), 15–25.
- Begun, A. L. (1997) Sibling relationships and foster care placements for young children, *Special Aspects of Education*, 17, 149–162.
- Benedict, M. I., Zuravin, S. and Stallings, R. Y. (1996) Adult functioning of children who lived in kin versus nonrelative family foster homes, *Child Welfare*, 75(5), 529–549.
- Bengoechea Garin, P. (1996) A comparative analysis of response to parental loss in orphans and children of separated parents in a boarding school, *Psicothema*, 8(3), 597–608.
- Bieman, H. and Verhulst, F. C. (1995) Self-reported and parent-reported problems in adolescent international adoptees, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 36(8), 1411–1428.
- Bilson, A. (1998) *Monitoring Child Care in Romania*, Centre for Europe's Children. Available: [http://www.eurochild.gla.co.uk/Childwelfare/monitoring\\_romania.html](http://www.eurochild.gla.co.uk/Childwelfare/monitoring_romania.html) [2002, 18/01].
- Bilson, A. and Barker, R. (1993) Siblings of children in care or accommodation: a neglected area of practice, *Practice*, 6(4), 307.
- Bilson, A. and Barker, R. (1995) Parental contact with children fostered and in residential care after the Children Act 1989, *British Journal of Social Work*, 25(3), 367–381.
- Biringen, Z. (1994) Attachment theory and research: application to clinical practice, *American Journal of Orthopsychiatry*, 64(3), 404–420.



- Blacher, J. and Baker, B. L. (1994) Family involvement in residential treatment of children with retardation: is there evidence of detachment?, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(3), 505–520.
- Blatt, E. R. (1992) Factors associated with child-abuse and neglect in residential care settings, *Children and Youth Services Review*, 14(6), 493–517.
- Bloom, R. B. (1992) When staff members sexually abuse children in residential care, *Child Welfare*, 71(2), 131–145.
- Boer, F., Versluisdenbieman, H. J. M. and Verhulst, F. C. (1994) International adoption of children with siblings – behavioral outcomes, *American Journal of Orthopsychiatry*, 64(2), 252–262.
- Bonde, E., Dehlholm-Lambertsen, B., Nielsen, N. and Justesen, E. M. (1997) Life circumstances for children of mentally ill parents, *Nordic Journal of Psychiatry*, 51(6), 467–474.
- Bowlby, J. (1975) *Attachment and Loss* (Harmondsworth: Penguin Books).
- Brearley, M. (2001) The persecution of Gypsies in Europe, *American Behavioral Scientist*, 45(4), 588–599.
- Brennan, J. L. (1993) Family relationships and the development of social competence in adolescence, *Journal of Paediatrics and Child Health*, 29(1), S37–S41.
- Bretherton, I. (1992) The origins of attachment theory: John Bowlby and Mary Ainsworth, *Developmental Psychology*, 28(5), 759–775.
- Brodzinsky, D. and Brodzinsky, A. B. (1998) *Children's Adjustment to Adoption: Developmental and clinical issues* (London: Sage).
- Brodzinsky, D. and Schechter, M. D. (1990) *The Psychology of Adoption* (Oxford: Oxford University Press).
- Buehler, C., Orme, J. G., Post, J. and Patterson, D. A. (2000) The long-term correlates of family foster care, *Children and Youth Services Review*, 22(8), 595–625.



- Bullock, R., Hosie, K., Little, M. and Millham, S. (1990) The problems of managing the family contacts of children in residential care, *British Journal of Social Work*, 20(6), 591–610.
- Bullock, R., Little, M. and Millham, S. (1994) Children's return from state care to school, *Oxford Review of Education*, 20(3), 307–316.
- Buysse, W. H. (1997) Behaviour problems and relationships with family and peers during adolescence, *Journal of Adolescence*, 20(6), 645–659.
- Canham, H. (1998) Growing up in residential care, *Journal of Social Work Practice*, 12(1), 65–75.
- Cantos, A. L., Gries, L. T. and Slis, V. (1997) Behavioral correlates of parental visiting during family foster care, *Child Welfare*, 76(2), 309–329.
- Carey, H. F. (1996) From big lie to small lies: state mass media dominance in post-communist Romania, *East European Politics and Societies*, 10(1), 16–45.
- Carstens, C. and Julia, M. (2000) Ethnoracial awareness in intercountry adoption: US experiences, *International Social Work*, 43(1), 61–74.
- Cartwright, A. L. (2001) *The Return of the Peasant: Land reform in post-Communist Romania* (Aldershot: Dartmouth).
- Cermak, S. and Groza, V. (1998) Sensory processing problems in post-institutionalised children: implications for social work, *Child and Adolescent Social Work Journal*, 15(1), 5–37.
- Chamberlin, M. and Danaher, W. F. (2001) The power of the press: the role of the popular press in creating public concern over child abuse, *Southern Sociological Society*.
- Cheung, S. Y. and Heath, A. (1994) After-care – the education and occupation of adults who have been in care, *Oxford Review of Education*, 20(3), 361–374.
- Claes, M. (1998) Adolescents' closeness with parents, siblings, and friends in three countries: Canada, Belgium, and Italy, *Journal of Youth and Adolescence*, 27(2), 165–184.



- Clarke, A. (1998) Early experience and the life path, *Psychologist*, 11(9), 433–436.
- Cole, A. and Kerns, K. A. (2001) Perceptions of sibling qualities and activities of early adolescents, *Journal of Early Adolescence*, 21(2), 204–226.
- Colton, M. (1989) Foster and residential children's perceptions of their social environments, *British Journal of Social Work*, 19(3), 217–233.
- Colton, M. and Heath, A. (1994) Attainment and behavior of children in care and at home, *Oxford Review of Education*, 20(3), 317–327.
- Colton, M. and Hellinck, W. (1994) Residential and foster-care in the European Community – current trends in policy and practice, *British Journal of Social Work*, 24(5), 559–576.
- Conger, K. J., Conger, R. D. and Scaramella, L. V. (1997) Parents, siblings, psychological control, and adolescent adjustment, *Journal of Adolescent Research*, 12(1), 113–138.
- Conn, L. and Crawford, C. (1999) State child care in Romania: a University initiative to promote required change from within, *Journal of Social Work Practice*, 13(1), 83–91.
- Cook, J. F. (1995) A history of placing-out: the orphan trains, *Child Welfare*, 74(1), 181.
- Cox, J. (1997) Developing fostering services in Lithuania, *Adoption and Fostering*, 21(4), 14–23.
- Craissati, J., McClurg, G. and Browne, K. (2002) The parental bonding experiences of sex offenders: a comparison between child molesters and rapists, *Child Abuse and Neglect*, 26(9), 909–921.
- Creasey, G. L. and Koblewski, P. J. (1991) Adolescent grandchildren's relationships with maternal and paternal grandmothers and grandfathers, *Journal of Adolescence*, 14(4), 373–387.
- Crowe, D. M. (1999) The Gypsies of Romania since 1990, *Nationalities Papers*, 27(1), 57–67.



- Cuc, A. and Hirst, W. (2001) Implicit theories and context in personal recollection: Romanians' recall of their political and economic past, *Applied Cognitive Psychology*, 15, 45–60.
- Curtis, P. A., Alexander, G. and Lunghofer, L. A. (2001) A literature review comparing the outcomes of residential group care and therapeutic foster care, *Child and Adolescent Social Work Journal*, 18(5), 377–392.
- David, H. P. (1988) Compulsory childbearing – perspectives from Czechoslovakia and Romania, *Population Index*, 54(3), 427–428.
- Deater-Deckard, K., Dunn, J. and Lussier, G. (2002) Sibling relationships and social-emotional adjustment in different family contexts, *Social Development*, 11(4), 571–590.
- Departamentul de Protectia Copilului and EU/PHARE (1997) *Ghidul Directorului din Institutiile de Educatie Speciala si de Protectie a Copilului* [Guide for the Directors of the Child Protection and Special Education Institutions] (Alba-Iulia: Editura Balgrad).
- Dianu, T. (1991) Tendinte in evolutia divortului [Tendencies in the evolution of the divorce], *Sociologie Romaneasca*, 2, 5–6.
- Dima, N. (1988) Ceaușescu, Nicolae of Communist Romania – a portrait of power, *Journal of Social Political and Economic Studies*, 13(4), 429–454.
- Dowdney, L., Skuse, D., Rutter, M., Quinton, D. and Mrazek, D. (1985) The nature and qualities of parenting provided by women raised in institutions, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 26(4), 599–625.
- Dozier, M., Stovall, K. C., Albus, K. E. and Bates, B. (2001) Attachment for infants in foster care: the role of caregiver state of mind, *Child Development*, 72(5), 1467–1477.
- Ducharme, J., Doyle, A. B. and Markiewicz, D. (2002) Attachment security with mother and father: associations with adolescents' reports of interpersonal behavior with parents and peers, *Journal of Social and Personal Relationships*, 19(2), 203–232.
- Dumitrana, M. (1998) *Copilul institutionalizat* [The institutionalised child] (Bucuresti: Editura Didactica si Pedagogica).



- Duncan, L. (2000) An unwanted past: contemporary tourism and the heritage of communism in Romania, *International Journal of Heritage Studies*, 6(2), 145–160.
- Duncan, W. (1993) The Hague Convention on the protection of children and co-operation in respect of intercountry adoption, *Adoption and Fostering*, 17(3), 9.
- Eagle, R. S. (1994) The separation experience of children in long-term care – theory, research, and implications for practice, *American Journal of Orthopsychiatry*, 64(3), 421–434.
- Edwards, R. L., Roth, M., Davis, R. and Popescu, L. (2000) The role of global collaborative efforts to develop Romania's child protection and social work education systems, *Canadian Social Work Review*, 17, 162–183.
- Ehrle, J. and Geen, R. (2002) Kin and non-kin foster care – findings from a national survey, *Children and Youth Services Review*, 24(1–2), 15–35.
- Elander, J. and Rutter, M. (1996) Use and development of the Rutter parents' and teachers' scales, *International Journal of Methods in Psychiatric Research*, 6(2), 63–78.
- Engels, R. C. M. E., Finkenauer, C., Meeus, W. and Dekovic, M. (2001) Parental attachment and adolescents' emotional adjustment: the associations with social skills and relational competence, *Journal of Counselling Psychology*, 48(4), 428–439.
- EUROARRCC (1999) *It Makes You Think*, EUROARCC. Available: <http://www.euroarc.net/> [2002, 31/01].
- Faber, S. (2000) Behavioral sequelae of orphanage life, *Pediatric Annals*, 29(4), 242–248.
- Fajth, G. (2000) *Regional Monitoring of Child and Family Well-being: Unicef's MONEE project in CEE and the CIS in a Comparative Perspective*. Innocenti Working Paper, No.72 (Florence: Unicef Innocenti Research Centre).
- Federici, R. S. (2003) *Raising the Post-institutionalised Child*. Federici, R. S. Available: [www.drfederici.com](http://www.drfederici.com) [2003, 03/02/2003].



- Filipescu, I. P. (1998) *Adoptia si protectia copilului aflat in dificultate* [The Adoption and Protection of the Child in Difficulty] (Bucuresti: Editura All).
- Finzi, R., Cohen, O., Sapir, Y. and Weizman, A. (2000) Attachment styles in maltreated children: a comparative study, *Child Psychiatry and Human Development*, 31(2), 113–128.
- Finzi, R., Ram, A., Har-Even, D., Shnit, D. and Weizman, A. (2001) Attachment styles and aggression in physically abused and neglected children, *Journal of Youth and Adolescence*, 30(6), 769–786.
- Forbes, G. B. and Adams-Curtis, L. E. (2000) Gender role typing and attachment to parents and peers, *Journal of Social Psychology*, 140(2), 258–260.
- Foreman, N. (1996) Psychology in Romania: Ilona Goeroeg, *Psychologist*, 9(3), 125–126.
- Freeman, H. and Brown, B. B. (2001) Primary attachment to parents and peers during adolescence: differences by attachment style, *Journal of Youth and Adolescence*, 30(6), 653–674.
- Freijo, E. B. A. (2000) Sibling relationships: an educational resource and a way of evaluating the quality of family relationships, *Early Child Development and Care*, 164, 13–28.
- Fyvie, C. and Ager, A. (1997) The community reintegration of Romanian orphanage graduates, *Development in Practice*, 7(1), 92–96.
- Gardner, H. (1996) The concept of family: perceptions of children in family foster care, *Child Welfare*, 75(2), 161–182.
- Gath, A. (1992) A visit to Romania in October 1990 and to Leros in May 1991, *Journal of Intellectual Disability Research*, 36, 3–5.
- Georgescu, V. (1988) Romania in the 1980s – the legacy of dynastic socialism, *East European Politics and Societies*, 2(1), 69–93.



- Gibbs, I. and Sinclair, I. (1998) Private and local authority children's homes: a comparison, *Journal of Adolescence*, 21(517–527).
- Greenberg, M. T. (1999) Attachment and psychopathology in childhood. In J. Cassidy and P. R. Shaver (eds.), *Handbook of attachment: Theory, research, and clinical applications* (New York: The Guilford Press).
- Greenberg, M. T., Cicchetti, D. and Cummings, E. M. (1990) *Attachment in the Preschool years: Theory, research, and intervention* (Chicago, IL: University of Chicago Press).
- Greenberg, M. T., Speltz, M. L. and DeKlyen, M. (1993) The role of attachment in the early development of disruptive behavior problems, *Development and Psychopathology. Special Issue: Toward a developmental perspective on conduct disorder*, 5(1–2), 191–213.
- Greenfield, J. (1994) A journey into the unknown, *Social Work in Europe*, 1(1), 54–58.
- Greenfield, J. (1995) Intercountry adoption: a comparison between France and England, *Adoption and Fostering*, 19(2), 31.
- Greenfield, J. (1995) Intercountry adoption: a French perspective, *Social Work in Europe*, 2(1), 41–43.
- Gunnar, M. R., Bruce, J. and Grotevant, H. D. (2000) International adoption of institutionally reared children: research and policy, *Development and Psychopathology*, 12(4), 677–693.
- Haugaard, J. J., Palmer, M. and Wojslawowicz, J. C. (1999) International adoption: children primarily from Asia and South America, *Adoption Quarterly*, 3(2), 83–93.
- Hegar, R. L. (1988) Sibling relationships and separations – implications for child placement, *Social Service Review*, 62(3), 446–467.
- Herczog, M. (1998) Assessing child welfare outcomes in Central and Eastern Europe, *Children and Society*, 12, 223–227.



- Hess, C. W. and Thompson, C. F. (1996) Measuring linguistic development in a child adopted from Romania, *Perceptual and Motor Skills*, 82(3), 944–946.
- Hickman, J. and Trapp, J. (1998) Reporting Romania: a content analysis of the New York Times coverage, 1985–1997, *East European Quarterly*, 32(3), 395–408.
- Howe, D. (1997) Parent-reported problems in 211 adopted children: some risk and protective factors, *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 38(4), 401–411.
- Howe, D. and Feast, J. (2000) *Adoption, Search and Reunion* (London: The Children's Society).
- Howitt, D. and Cramer, D. (2000) *An Introduction to Statistics in Psychology* (London: Prentice Hall, Pearson Education).
- Howitt, D. and Cramer, D. (2000) *First Steps in Research and Statistics: A practical workbook for psychology students* (London: Routledge).
- Hudson, J. (2000) Peer groups: a neglected resource. In M. Chakrabarti and M. Hill (eds.), *Residential Childcare: International perspectives on links with families and peers* (London: Jessica Kingsley).
- Jack, R. (1996) Knee jerk journalism about social work in Romania and Britain, *Social Work in Europe*, 3(1), 40–42.
- Join-Lambert, H. (1999) The evolution of the system of care for social orphans in Russia. The Soviet inheritance and the current trends in Saint Petersburg, *International Journal of Child and Family Welfare*, 4(2), 149–163.
- Judge, S. L. (1999) Eastern European adoptions: current status and implications for intervention, *Topics in Early Childhood Special Education*, 19(4), 244–252.
- Kim, W. J., Shin, Y. J. and Carey, M. P. (1999) Comparison of Korean-American adoptees and biological children of their adoptive parents: a pilot study, *Child Psychiatry and Human Development*, 29(3), 221–228.



- Kirton, D. (2000) *'Race', Ethnicity, and Adoption* (Milton Keynes: Open University Press).
- Kools, S. M. (1997) Adolescent identity development in foster care, *Family Relations*, 46(3), 263–271.
- Koupilova, I., Epstein, H., Holcik, J., Hajioff, S. and McKee, M. (2001) Health needs of the Roma population in the Czech and Slovak Republics, *Social Science and Medicine*, 53(9), 1191–1204.
- Kundanis, R. M. (1996) 'Baby riots' and 'eight-hour orphans': a comparison of the images of child care in British and US popular magazines during World War II, *Women's Studies International Forum*, 19(3), 239–252.
- Kurdek, L. A. and Fine, M. A. (1995) Mothers, fathers, stepfathers, and siblings as providers of supervision, acceptance, and autonomy to young adolescents, *Journal of Family Psychology*, 9(1), 95.
- McElhaney, K. B. and Allen, J. P. (2001) Autonomy and adolescent social functioning: the moderating effect of risk, *Child Development*, 72(1), 220–235.
- Meeus, W., Oosterwegel, A. and Vollebergh, W. (2002) Parental and peer attachment and identity development in adolescence, *Journal of Adolescence*, 25(1), 93–106.
- Meier, D. I. (1999) Cultural identity and place in adult Korean-American intercountry adoptees, *Adoption Quarterly*, 3(1), 15–48.
- Micklewright, J. and Stewart, K. (2000) *The Welfare of Europe's Children: Are EU member states converging?* (Bristol: Policy Press).
- Millham, S. (1981) *Issues of control in residential child-care* (London: HMSO, Dartington Social Research Unit).
- Moser, M. R., Paternite, C. E. and Dixon, W. E. (1996) Late adolescents' feelings toward parents and siblings, *Merrill Palmer Quarterly*, 42(4), 537–553.
- Muresan, C. (1996) Changes in the demography of Romania. Past trends (1948–1994) and futures perspectives (1995–2030), *Population*, 51(4–5), 813–844.



- Muris, P., Meesters, C. and van den Berg, F. (2003) The Strengths and Difficulties Questionnaire (SDQ) – further evidence for its reliability and validity in a community sample of Dutch children and adolescents, *European Child and Adolescent Psychiatry*, 12(1), 1–8.
- Newman, J. (1996) The more the merrier? Effects of family size and sibling spacing on sibling relationships, *Child Care Health and Development*, 22(5), 285–302.
- Ngabonziza, D. (1988) Inter-country adoption: in whose best interests?, *Adoption and Fostering*, 12(1), 35–40.
- Parkes, C. M., Stevenson-Hinde, J. and Marris, P. (eds.) (1991) *Attachment Across the Life Cycle* (London: Routledge).
- Phillips, N. K. (1999) Adoption of a sibling: reactions of biological children at different stages of development, *American Journal of Orthopsychiatry*, 69(1), 122–126.
- Pintea, V. (1990) Ceaușescu's Romania – Stalinism with an iron fist, *Nation*, 250(2), 46–48.
- Priel, B., Mitrany, D. and Shahar, G. (1998) Closeness, support and reciprocity: a study of attachment styles in adolescence, *Personality and Individual Differences*, 25(6), 1183–1197.
- Pringle, K. (1998) *Children and Social Welfare in Europe* (London: Open University Press).
- Richards, M. (ed.) (1974) *The Integration of a Child into a Social World* (Cambridge: Cambridge University Press).
- Romanian Government (1997) *Decision No. 245/June 2, 1997 concerning the licensing criteria for private organisations which work in the field of protection of children's rights through adoption*. Available: [www.romanianadoptionadoptii.ro/hg245\\_e.html](http://www.romanianadoptionadoptii.ro/hg245_e.html) [2000, 25/02].
- Romanian Government (1997) *Decision No. 502/Sept 12, 1997 concerning the structure and management of Romanian Adoption Committee*. Available: [www.romanianadoptionadoptii.ro/english/hg502\\_e.html](http://www.romanianadoptionadoptii.ro/english/hg502_e.html) [2000, 25/02].



- Romanian Government (1997) *Emergency Ordinance No.25 from June 9, 1997 Concerning Adoption*. Available: [www.romanianadoptionadoptii.ro/english/ord\\_e.html](http://www.romanianadoptionadoptii.ro/english/ord_e.html) [2000, 25/02].**
- Romanian Government (1997) *Emergency Ordinance No. 26 / June 9, 1997 concerning Protection of Children in Distress*. Available: [www.romanianadoptionadoptii.ro/english/ord26\\_e.html](http://www.romanianadoptionadoptii.ro/english/ord26_e.html) [2000, 25/02].**
- Romanian Government (1999) *Emergency Ordinance on establishing the National Agency for Children's Rights Protection and reorganising the children's protection activity*. Available: [www.romanianadoptionadoptii.ro/english/ord192\\_e.html](http://www.romanianadoptionadoptii.ro/english/ord192_e.html) [2000, 25/02].**
- Romanian Government (2000) *Agentia pentru Protectia Copilului* [The Agency for Child Protection]. Available: <http://domino.kappa.ro/guvern/> [2000, 06/04].**
- Romanian Government (2002) *Evolution of the Reform in the Field of Child Protection, Dec. 2000 – July 2001*. Available: <http://www.copii.ro/rap2e.html> [2002, 27/05].**
- Romanian Government (2002) *Lege privind drepturile copilului – proiect* [Proposal of the Law concerning the Child's Rights]. Available: [www.copii.ro/legecopil.html](http://www.copii.ro/legecopil.html) [2002, 31/05].**
- Romanian Government (2002) *Strategia Guvernamentala in Domeniul Protectiei Copilului in Dificultate* [Governmental Strategy for Protection of Child in Difficulty] (Bucharest: Romanian Government).**
- Romanian Government and Romanian Adoption Committee (1999) *Decision No. 506/Aug. 26, 1999 regarding the Methodology of assigning the task of finding an adoptive parent or a family and of supervising the adoption for children registered with the Romanian Adoption Committee*. Available: [www.romanianadoptionadoptii.ro/english/hoten506.html](http://www.romanianadoptionadoptii.ro/english/hoten506.html) [2000, 25/02].**
- Romanian Government and Romanian Adoption Committee (1999) *Decision No. 507/Aug. 26, 1999*. Available: [www.romanianadoptionadoptii.ro/english/hoten507.html](http://www.romanianadoptionadoptii.ro/english/hoten507.html) [2000, 25/02].**



- Rutter, M. and Sroufe, L. A. (2000) Developmental psychopathology: concepts and challenges, *Development and Psychopathology*, 12(3), 265–296.
- Schaffer, H. R. (2000) The early experience assumption: past, present, and future, *International Journal of Behavioral Development*, 24(1), 5–14.
- Schneider, B. H. and Younger, A. J. (1996) Adolescent–parent attachment and adolescents' relations with their peers: a closer look, *Youth and Society*, 28(1), 95–108.
- Sellick, C. (1998) The use of institutional care for children across Europe, *European Journal of Social Work*, 1(3), 301–310.
- Selman, P. (1993) Services for intercountry adoption in the UK: some lessons from Europe, *Adoption and Fostering*, 17(3), 14.
- Sharma, A. R., McGue, M. K. and Benson, P. L. (1996) The emotional and behavioral adjustment of United States adopted adolescents: II: Age at adoption, *Children and Youth Services Review*, 18(1–2), 101–114.
- Shaughnessy, M. F. (1984) Institutional child-abuse, *Children and Youth Services Review*, 6(4), 311–318.
- Shaver, P. R. and Hazan, C. (1988) A biased overview of the study of love, *Journal of Social and Personality Relationships*, 5, 473–501.
- Solomon, R. (1994) East meets West: a community fostering services in Warsaw, *Social Work in Europe*, 1(1), 11–20.
- Stephenson, P., Wagner, M., Badea, M. and Serbanescu, F. (1992) The public health consequences of restricted induced-abortion – lessons from Romania – commentary, *American Journal of Public Health*, 82(10), 1328–1331.
- Triseliotis, J. (1991) Maintaining the links in adoption, *British Journal of Social Work*, 21(4), 401–414.
- Unicef (2000b) *The State of the World's Children 2000* (Unicef).



Wallis, P. and Steele, H. (2001) Attachment representations in adolescence: further evidence from psychiatric residential settings, *Attachment and Human Development*, 3(3), 259–268.

World Bank (1998–2003) *Child Welfare Reform Project*, World Bank. Available: <http://www4.worldbank.org/sprojects/> [2002, 18/06/2002].

Zouev, A. (ed.) (1999) *Generation in Jeopardy: Children in Central and Eastern Europe and the former Soviet Union* (New York: Sharpe).



# **Appendix A**

## **The Questionnaire Book**



**FIȘA DE INFORMAȚII PERSONALE**  
**PERSONAL INFORMATION**

**DATE PERSONALE: PERSONAL DATA:**

Nume și prenume: .....  
Name and Surname: .....  
Vârsta și data nașterii: .....  
Age and Date of Birth: .....  
Unde locuiești? .....  
Where do you live? .....

**DATE ȘCOLARE SCHOOL DATA:**

Clasa și școala frecventată: .....  
Class and School attended: .....  
Media Generală a ultimului an de studiu: .....  
The aggregate mark of last study year: .....  
Media la Literatură: .....  
The general mark in Literature: .....  
Media la Matematică: .....  
General mark in Mathematics: .....  
Corigențe/repetențe: .....  
Second examinations/non-promoted classes/grades: .....  
Calificativ purtare: .....  
Mark in Behaviour: .....

**DATE FAMILIALE: FAMILY DATA:**

**PARINȚI: PARENTS:**

Numele și prenumele părinților, ocupația:  
Name and Surname of parents, occupation:

Mama: .....

Mother:

Tata: .....

Father:

Sunt părinții divorțați? Da/Nu

Are your parents divorced? Yes/No

Dacă 'Da': - Sunt recăsătorii? - Mama: Da/Nu; Tata: Da/Nu

If 'Yes': - Are they remarried? - Mother: Yes/No; Father: Yes/No

Cu cine locuiești? Mama / Tata / Alte persoane - cine? .....

Who do you live with? Mother/Father/Other - who?

Cât de des te întâlnești cu părintele cu care nu locuiești? .....

How often do you see the parent you are not living with?

**FRAȚI / SIBLINGS**

Ai frați/surori? Da/Nu

Do you have brothers/sisters? Yes/No

Frați: Câți? ..... Ce vârste au? .....

Brothers: How many? ..... How old are they?

Surori: Câte? ..... Ce vârste au? .....

Sisters: How many? ..... How old are they?

Ai frați/surori vitregi? Da/Nu

Do you have step brothers/sisters? Yes/No

Frați: Câți? ..... Ce vârste au? .....

Brothers: How many? ..... How old are they?

Surori: Câte? ..... Ce vârste au? .....

Sisters: How many? ..... How old are they?

Unde locuiesc? .....

Where do they live?



## INVENTAR DE ATAŞAMENT (IPPA-Adapted) ATTACHMENT INVENTORY (IPPA-Adapted)

*Majoritatea oamenilor au o persoană (sau mai multe) de care se simt cel mai apropiaţi, la care apelează după ajutor, de care se simt ataşaţi sufleteşte. Această "persoană-cheie" este în general o persoană adultă, poate fi unul dintre părinţi (mama sau tata) sau bunici, sau alte rudenii (unchi, mătuşi), sau un profesor/educator preferat, sau un alt prieten mai în vârstă decât tine.*

Gândeşte-te cu atenţie cine este pentru tine această "persoană-cheie", de care tu te simţi cel mai apropiat şi scrie mai jos numele acesteia precum şi alte detalii despre aceasta şi relaţia ta cu această persoană:

*Most people have a person (or maybe more than one) that they feel most close to, whom they ask for help, whom they feel emotionally attached to. Generally, this 'key-person' is an adult person, could be one of your parents (mother or father), or grandparents, or other relatives (uncles, aunts) or a favourite teacher/educator, or an older friend.*

Think carefully who is for you this 'key-person' that you feel most close to and write below his/her name and other details about him/her and your relationship with him/her;

"Persoana-cheie" de care tu te simţi cel mai apropiat, este:

My 'key-person' that I feel most close to, is:

Nume şi prenume:.....

Name and Surname:

Relaţia ta cu această persoană este de:.....

Your relationship with this person is:

Vârsta:.....; Sex: Feminin / Masculin; Ocupaţia:.....

Age:..... Gender: Male/Female Occupation:

Unde locuieşte?.....

Where does this person live?

Locuiţi împreună?.....

Do you live together?

Cât de des vă întâlniţi?.....

How often do you see each other?

Cât timp petreceţi împreună atunci când vă întâlniţi?.....

How much time do you spend together when you meet?

Ce faceţi în timpul petrecut împreună?.....

What do you do in the time spent together?

Describe cu propriile cuvinte relaţia ta cu această persoană, ce simţi faţă de ea, etc.

Describe in your own words your relationship with this person, how do you feel about him/her, etc

Întoarce pagina!  
Please see over!



Propozițiile de mai jos se referă la relația ta cu această persoană de care te simți cel mai apropiat. Citește-le cu atenție și gândește-te dacă sunt adevărate sau nu în ceea ce privește relația ta cu această "persoană-cheie". Pune un X în căsuta corespunzătoare răspunsului tău: *Întotdeauna adevărat, Adeseori adevărat, Uneori adevărat, Rareori adevărat, Niciodată adevărat.* Nu există răspunsuri bune sau rele, ci doar adevărate sau nu în cazul tău!

The sentences below are about your relationship with the person that you described in the previous page. Read them carefully and think whether they are true or not regarding your relationship with your 'key-person'. Mark with an X your answer in the box correspondent to: *Almost always true, Often true, Sometimes true, Seldom True, Almost Never True.* There are no good or bad answers!

Numele tău:.....  
Your name:.....  
Vârsta ta:..... Sex: Masculin /Feminin  
Your age:..... Gender: Male/Female

		Întotdeauna Adevărat Almost always true	Adeseori adevărat Often true	Uneori adevărat Sometimes true	Rareori adevărat Seldom True	Niciodată adevărat Almost Never True
1	El/ea îmi respectă sentimentele He/she respects my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Cred că el/ea este o persoană bună I feel he/she is a good person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	El/ea mă acceptă așa cum sunt He/she accepts me as I am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Trebuie să mă bazez pe mine când am de rezolvat o problemă I have to rely on myself when I have a problem to solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Îmi place să aflu părerea lui/ei asupra problemelor care mă preocupă I like to get his/her point of view on things I'm concern about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Simt că n-are nici un rost să arăt ceea ce simt I feel it's no use letting my feelings show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	El/ea simte când ceva mă supără He/she senses when I'm upset about something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Mi-e rușine să vorbesc cu el/ea despre problemele mele Talking over my problems with him/her makes me feel ashamed or foolish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	El/ea așteaptă prea mult de la mine He/she expects too much from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	El/ea nu știe totdeauna când sunt supărat I get upset a lot more than he/she knows about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Când discutăm despre probleme, el/ea ia în considerare părerea mea When we discuss things, he/she considers my point of view	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12	El/ea are încredere în judecata mea He/she trusts my judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	El/ea are destule problemele, deci nu-l mai deranjez cu ale mele He/she has his/her own problems, so I don't bother him/her with mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	El/ea mă ajută să mă înțeleg pe mine însumi mai bine He/she helps me to understand myself better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Vorbesc cu el/ea despre problemele mele I tell him/her about my problems and troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Sunt furios pe el/ea I feel angry with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	El/ea mă ajută să vorbesc despre dificultățile mele He/she encourages me to talk about my difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	El/ea mă înțelege He/she understands me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	În ultima vreme nu mai știu în cine să am încredere I don't know whom I can depend on these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Când sunt supărat de ceva, el/ea încearcă să mă înțeleagă When I am angry about something, he/she tries to be understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Am încredere în el/ea I trust him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	El/ea nu înțelege prin ce trec eu în ultima vreme He/she doesn't understand what I'm going through these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Pot să mă bazez pe el/ea când vreau să-mi descarc sufletul I can count on him/her when I need to get something off my chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Simt că nimeni nu mă înțelege I feel that no one understands me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Dacă el/ea știe că ceva mă supără, mă întreabă despre ce e vorba If he/she knows something is bothering me, he/she asks me about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sunt alte probleme în relația ta cu el/ea pe care dorești să le menționezi?  
 Are there any other problems in your relationship with this person that you would like to mention?  
 .....

**Mulțumesc!**  
**Thank you!**



# INVENTARUL ATAȘAMENTULUI FAȚĂ DE PRIETENI (IPPA-Peer)

## INVENTORY OF PEER ATTACHMENT (IPPA-Peer)

Întrebările de mai jos se referă la felul în care te înțelegi cu prietenii și colegii de-o vârstă cu tine în general.

Citește cu atenție fiecare propoziție, gândește-te dacă e adevărată în cazul tău și pune un X în căsuța alăturată, corespunzătoare răspunsului tău: *Întotdeauna adevărat, Adeseori adevărat, Uneori adevărat, Rareori adevărat, Niciodată adevărat.*

**Nu există răspunsuri bune sau rele, ci doar adevărate sau nu în cazul tău!**

The questions below are about your relationship with your peers (colleagues and friends of your age). Read each question carefully and think whether it is true or not for you and mark your answer by putting an **X** in the box correspondent to your answer: *Almost always true, Often true, Sometimes true, Seldom True, Almost Never True.*  
**There are no good or bad answers!**

Numele tău:.....

Your name:

Vârsta ta:..... Sex: Masculin /Feminin

Your age:..... Gender: Male/Female

		Întotdeauna Adevărat <i>Almost always true</i>	Adeseori adevărat <i>Often true</i>	Uneori adevărat <i>Sometimes true</i>	Rareori adevărat <i>Seldom True</i>	Niciodată adevărat <i>Almost Never True</i>
1	Îmi place să aflu părerea prietenilor mei asupra problemelor care mă preocupă <i>I like to get my friends' point of view on things I'm concerned about</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Prietenii mei simt când ceva mă supără <i>My friends sense when I'm upset about something</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Când discutăm despre probleme, prietenii mei iau în considerare părerea mea <i>When we discuss things, my friends consider my point of view</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Mi-e rușine să vorbesc cu prietenii mei despre problemele mele <i>Talking over my problems with my friends makes me feel ashamed or foolish</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Aș vrea să fi avut alți prieteni <i>I wish I had different friends</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Prietenii mei mă înțeleg <i>My friends understand me</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Prietenii mei mă ajută să vorbesc despre dificultățile mele <i>My friends encourage me to talk about my difficulties</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Prietenii mei mă acceptă așa cum sunt <i>My friends accept me as I am</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Simt nevoia să fiu împreună cu prietenii mei mai des <i>I feel the need to be in touch with my friends more often</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



12	El/ea are încredere în judecata mea He/she trusts my judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	El/ea are destule problemele, deci nu-l mai deranjez cu ale mele He/she has his/her own problems, so I don't bother him/her with mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	El/ea mă ajută să mă înțeleg pe mine însumi mai bine He/she helps me to understand myself better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Vorbesc cu el/ea despre problemele mele I tell him/her about my problems and troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Sunt furios pe el/ea I feel angry with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	El/ea mă ajută să vorbesc despre dificultățile mele He/she encourages me to talk about my difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	El/ea mă înțelege He/she understands me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	În ultima vreme nu mai știu în cine să am încredere I don't know whom I can depend on these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Când sunt supărat de ceva, el/ea încearcă să mă înțeleagă When I am angry about something, he/she tries to be understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Am încredere în el/ea I trust him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	El/ea nu înțelege prin ce trec eu în ultima vreme He/she doesn't understand what I'm going through these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Pot să mă bazez pe el/ea când vreau să-mi descarc sufletul I can count on him/her when I need to get something off my chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Simt că nimeni nu mă înțelege I feel that no one understands me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Dacă el/ea știe că ceva mă supără, mă întreabă despre ce e vorba If he/she knows something is bothering me, he/she asks me about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sunt alte probleme în relația ta cu el/ea pe care dorești să le menționezi?

Are there any other problems in your relationship with this person that you would like to mention?

.....

**Mulțumesc!**

**Thank you!**



CHESTIONAR DESPRE CAPACITĂȚI ȘI DIFICULTĂȚI  
STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ-Self)

Stimate Elev,

- Acest chestionar se referă la comportamentul tău de zi cu zi, în general din ultimele 6 (șase) luni sau din acest an școlar.
- Citește cu atenție propozițiile de mai jos și puneți un X în căsuța potrivită pentru fiecare din următoarele afirmații: *Intotdeauna adevărat; Mai mult sau mai puțin adevărat; Nu este adevărat.*
- Răspunde cât se poate de corect la toate afirmațiile, chiar dacă nu ești absolut sigur de ele sau chiar dacă consideri că afirmația respectivă e lipsită de importanță.
- Nu există răspunsuri bune sau rele, răspunde așa cum ți se potrivește ție!

Dear Student,

- These questions are about your daily behaviour, generally in the last 6 months or during current school year.
- Read each of them carefully and mark with an X the correspondent box for your answer: *Not true, Somewhat true, Certainly true.*
- Please answer all questions as best you can even if you are not absolutely certain or the item seem daft
- There are no good or bad answers!

Numele tău: ..... Sex: Masculin/Feminin  
Your name: ..... Gender: Male/Female  
Vârsta și Data nașterii: .....  
Age and Date of Birth: .....

		<i>Nu este adevărat Not true</i>	<i>Mai mult sau mai puțin adevărat Somewhat true</i>	<i>Întotdeauna adevărat Certainly true</i>
1	Mă străduiesc să fiu drăguț cu oamenii și să țin cont de sentimentele altor persoane I try to be nice to other people, I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	În general sunt neliniștit, nu pot sta locului mult timp I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Am deseori dureri de cap, de stomac sau stări de rău I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	În general am tendința de a împărți cu alții (mâncare, jocuri, creioane, etc.) I usually share with others (food, games, pens, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Mă enervez ușor și adesea îmi pierd controlul I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Am tendința să mă joc singur, fiind mai mult solitar I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	În general sunt ascultător, executând ceea ce îmi cer adulții I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Deseori sunt îngrijorat, chiar fără un motiv anume I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	De obicei sar în ajutor dacă cineva este rănit, trist sau se simte rău I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	De obicei sunt neastâmpărat, mă foiesc, îmi agit mâinile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



10	Prietenii mei nu înțeleg prin ce trec eu în ultima vreme My friends don't understand what I'm going through these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Mă simt singur și izolat când sunt cu prietenii mei I feel alone and apart when I am with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Prietenii mei mă ascultă când am ceva de spus My friends listen to what I have to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Cred că prietenii mei sunt prieteni buni I feel my friends are good friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Prietenii mei sunt ușor de abordat My friends are fairly easy to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Când mă supără ceva, prietenii mei încearcă să mă înțeleagă When I am angry about something, my friends try to be understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Prietenii mei mă ajută să mă înțeleg pe mine însumi mai bine My friends help me to understand myself better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Prietenii mei îmi vor binele My friends are concerned about my well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Sunt furios pe prietenii mei I feel angry with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Pot să mă bazez pe prietenii mei când vreau să-mi descarc sufletul I can count on my friends when I need to get something off my chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Am încredere în prietenii mei I trust my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Prietenii mei îmi respectă sentimentele My friends respect my feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Prietenii mei nu totdeauna știu când sunt supărat I get upset a lot more than my friends know about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Uneori prietenii mei par a fi nervoși cu mine, fără motiv It seems as if my friends are irritated with me for no reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Le spun prietenilor mei despre problemele mele I tell my friends about my problems and troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Dacă prietenii mei știu că ceva mă supără, mă întreabă despre ce e vorba If my friends know something is bothering me, they ask me about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sunt alte probleme în relația ta cu prietenii tăi pe care dorești să le menționezi?

Are there any other problems in your relationship with your friends that you would like to mention?

.....

**Mulțumesc!**  
**Thank you!**



# MATRICI PROGRESIVE RAVEN

## STANDARD PROGRESSIVE MATRICES (SPM)

### Foaia de răspuns

### Answer sheet

Nume și prenume:.....

Name and Surname:

Vârsta:..... Sex: Masculin / Feminin

Age:..... Gender: Male/Female

Clasa și Școala:.....

Class and School attended:

Media obținută în ultimul an de studiu:

The aggregate mark of last study year:

- Media generală General mark:.....
- Media la Literatură: General mark in Literature:.....
- Media la matematică: General mark in Mathematics:.....

Întrebare Question	Răspuns Answer	Întrebare Question	Răspuns Answer	Întrebare Question	Răspuns Answer	Întrebare Question	Răspuns Answer	Întrebare Question	Răspuns Answer
↓	↑	↓	↑	↓	↑	↓	↑	↓	↑
A1		B1		C1		D1		E1	
A2		B2		C2		D2		E2	
A3		B3		C3		D3		E3	
A4		B4		C4		D4		E4	
A5		B5		C5		D5		E5	
A6		B6		C6		D6		E6	
A7		B7		C7		D7		E7	
A8		B8		C8		D8		E8	
A9		B9		C9		D9		E9	
A10		B10		C10		D10		E10	
A11		B11		C11		D11		E11	
A12		B12		C12		D12		E12	



**CHESTIONAR DESPRE CAPACITĂȚI ȘI DIFICULTĂȚI**  
**STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ-P/T)**

Stimate Părinte / Profesor,

Acest chestionar are scopul de a evalua comportamentul copilului / elevului dvs.

- Vă rugăm citiți propozițiile de mai jos și puneți un X în căsuța potrivită pentru fiecare din următoarele afirmații: *Intotdeauna adevărat; Mai mult sau mai puțin adevărat; Nu este adevărat.*
- Vă rugăm să răspundeți cât se poate de corect la toate afirmațiile, chiar dacă nu sunteți absolut sigur de ele sau chiar dacă considerați că afirmația respectivă e lipsită de importanță.
- Vă rugăm se răspundeți având în vedere comportamentul copilului din ultimele 6 (șase) luni sau din acest an școlar.

**Dear Parent/Teacher,**

This questionnaire is aimed to evaluate your child's/pupil's behaviour.

- Please read this questions carefully and mark with an X the correspondent box for your answer: *Not true, Somewhat true, Certainly true.*
- Please answer all questions as best you can even if you are not absolutely certain or the item seems daft
- Please give your answers on the basis of the child's behaviour over the last 6 months or this school year.

Numele copilului/elevului: .....

Child's/Pupil's Name: .....

Vârsta și Data nașterii copilului/elevului: .....

Child's/Pupil's Age and Date of birth: .....

	<i>Nu este adevărat Not true</i>	<i>Mai mult sau mai puțin adevărat Somewhat true</i>	<i>Întotdeauna adevărat Certainly true</i>
1 Tine cont de sentimentele altor persoane Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Este neliniștit, nu poate sta locului mult timp Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Se plânge deseori de dureri de cap, de stomac sau stări de rău Often complain of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 E dispus să împartă cu alții ceea ce are (mâncare, jocuri, creioane, etc.) Shares readily with other children (treats, toys, pencils)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Se enervează ușor și adesea își pierde controlul Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Are tendința să se joace singur, fiind mai mult solitar Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 În general este ascultător, executând de obicei ceea ce îi cer adulții Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Deseori este îngrijorat, uneori fără motiv Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Sare în ajutor dacă cineva este rănit, trist sau se simte rău Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



10	De obicei este neastâmpărat, se foiește, își agită mâinile Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are cel puțin un bun prieten (poate mai mulți) Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Adesea se bate cu alți copii sau îi batjocorește Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Deseori este necăjit, nefericit, abătut, plângăreț Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Este în general agreat de alți copii Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Este ușor distrat și nu se poate concentra pierzând firul adeseori Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Devine nervos și alarmat în situații noi căutând scăpare la cei din jur Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Este amabil cu copii mai mici decât el/ea Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Minte sau adesea păcălește pe ceilalți Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Este hărțuit sau batjocorit de către alți copii Picked or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Adesea se oferă voluntar să-i ajute pe alții (părinți, profesori, alți copii) Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Gândește lucrurile înainte de a acționa Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Fură din casă, din școală sau din alte locuri Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Se înțelege mai bine cu adulții decât cu alți copii Gets on better with adults than other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Este foarte fricos, se intimidează ușor Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Duce treburile la bun sfârșit Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Semnătura:..... Data completării chestionarului:.....  
**Signature:** **Date:**  
Părinte/Profesor/Altă persoană (vă rugăm specificați).....  
**Parent/Teacher/Other (please specify):**

**Vă mulțumim!**  
**Thank you!**



## **Appendix B**

### **The Placement Centre: Photographs<sup>1</sup>**

---

<sup>1</sup> Photographs taken by Richard Walker © 2001





Photo B.1 The neighbourhood of the Placement Centre



Photo B.2 The Placement Centre: Front view





Photo B.3 The Placement Centre: Side view



Photo B.4 The community School attended by young people in the Placement Centre for Girls